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MOHAMMED A. HUSSAIN,  
Plaintiff,

Civil Action No.  
14-1798 (RMC)

v.

ROBERT A. MCDONALD,  
SECRETARY OF VETERANS AFFAIRS,  
Defendant.

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Monday, June 13, 2016

The Telephonic Deposition of

KIMBERLY HETLAND,

called for examination by counsel for the plaintiff,  
pursuant to notice, beginning at 2:06 p.m., before Lisa  
Weissmann, when were present on behalf of the respective  
parties:

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 2

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| <p style="text-align: right;">2</p> <p>1 APPEARANCES</p> <p>2 For the Plaintiff:</p> <p>3 Tyler J. King, Esquire</p> <p>4 Franklin Square Law Group</p> <p>5 1225 Eye Street, N.W.</p> <p>6 Suite C110</p> <p>7 Washington, D.C. 20005</p> <p>8 (202) 779-9711</p> <p>9 (Present via telephone)</p> <p>10</p> <p>11 For the Defendant:</p> <p>12 Damon Taaffe, Esquire</p> <p>13 United States Attorney Office</p> <p>14 555 Fourth Street, N.W.</p> <p>15 Washington, D.C. 20530</p> <p>16 (202) 252-2568</p> <p>17 (Present via telephone)</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> | <p style="text-align: right;">4</p> <p>1 CONTENTS</p> <p>2 Examination by Counsel</p> <p>3 Witness Page</p> <p>4 KIMBERLY HETLAND 4</p> <p>5 Certificate of Reporter 51</p> <p>6</p> <p>7 EXHIBITS</p> <p>8 Exhibit 1</p> <p>9 (Verification of Hospital Privileges,</p> <p>10 Page 3) 23</p> <p>11</p> <p>12 Exhibit 2</p> <p>13 (Verification of Hospital Privileges,</p> <p>14 Pages 1 and 2) 23</p> <p>15</p> <p>16 Exhibits Retained by Mr. King</p> <p>17 -----</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p>  |
| <p style="text-align: right;">3</p> <p>1 APPEARANCES (CONT.)</p> <p>2 For Ministry Saint Mary's Hospital</p> <p>3 Matt Moran, Esquire</p> <p>4 2251 North Shore Drive</p> <p>5 Rhinelander, WI 54501</p> <p>6 (715) 361-2000</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17 ALSO PRESENT:</p> <p>18 Mohammed A. Hussain, Plaintiff</p> <p>19 (Present via telephone)</p> <p>20</p> <p>21</p>   | <p style="text-align: right;">5</p> <p>1 KIMBERLY HETLAND,</p> <p>2 Called for examination by counsel for the plaintiff, and</p> <p>3 after having been first duly sworn by the Notary Public,</p> <p>4 was examined and testifies as follows: Yes.</p> <p>5 EXAMINATION BY COUNSEL FOR THE PLAINTIFF</p> <p>6 BY MR. KING:</p> <p>7 Q Ms. Hetland, normally depositions are done in</p> <p>8 person, and one of the instructions that are given, one of</p> <p>9 the instructions that's given is don't answer questions</p> <p>10 with a nod of the head or something to that effect, because</p> <p>11 we can't see you. But in this case, it's self-evident, so</p> <p>12 let me just go ahead and start with the basic entry. Could</p> <p>13 you please spell your name, for the record?</p> <p>14 A Sure. My name is Kimberly Hetland. That's</p> <p>15 K-i-m-b-e-r-l-y, Hetland, H-e-t-l-a-n-d.</p> <p>16 Q And what is your address, where do you work?</p> <p>17 A It's 2251 North Shore Drive, and that's</p> <p>18 Rhinelander, that's R-h-i-n-e-l-a-n-d-e-r, Wisconsin,</p> <p>19 54501.</p> <p>20 Q And what is your address at work?</p> <p>21 A Oh, that is my address at work. I apologize.</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

3

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| <p>6</p> <p>1 Q Oh, okay. So could you also state your address</p> <p>2 where you live as well?</p> <p>3 A Oh, okay. My home address, sure. It's 3748</p> <p>4 North Faust Lake Road, and that is Rhinelander Wisconsin as</p> <p>5 well, 54501.</p> <p>6 Q And what is your position where you work?</p> <p>7 A I am the regional director of cancer services.</p> <p>8 Q And who is your employer?</p> <p>9 A Ministry Healthcare, and we're a part of</p> <p>10 Ascension Health.</p> <p>11 Q And how long have you had that particular</p> <p>12 position?</p> <p>13 A I have been the director of cancer services for</p> <p>14 the last six months. Prior to that, for a span of about 13</p> <p>15 years, I have had a combination of filling the role of</p> <p>16 medical dosimetrist and manager of radiation oncology here</p> <p>17 at the James Beck Cancer Center.</p> <p>18 Q Okay. You said medical dosimetrist and what?</p> <p>19 A And the manager of radiation oncology.</p> <p>20 Dosimetrist.</p> <p>21 Q Dosimetrist?</p>   | <p>8</p> <p>1 hand-in-hand with the radiation oncologist. The radiation</p> <p>2 oncologist consults the patient and then writes a</p> <p>3 prescription for what they want to give a certain tumor</p> <p>4 volume. So then it's the job of the medical dosimetrist to</p> <p>5 actually take CT images and works with the physician to</p> <p>6 come up with a treatment plan.</p> <p>7 So that entails figuring out what treatment</p> <p>8 radiation angles we'll use, if we'll use like a rotational</p> <p>9 arc or we'll just use static fields, figuring out the best</p> <p>10 plan that delivers tumoricidal dose. Because you want to</p> <p>11 give as much dose to that tumor, but also spare critical</p> <p>12 structures, because critical structures within the body</p> <p>13 have sensitivity to radiation.</p> <p>14 For example, if you give too much radiation to</p> <p>15 the spinal cord, you can cause paralysis, same with the</p> <p>16 kidneys. You could cause kidney ablation. So our job is</p> <p>17 really to deliver -- to come up with a plan that's safe.</p> <p>18 Safe for the patient, to deliver dose to that target area</p> <p>19 but to spare critical structures.</p> <p>20 And then the dosimetrist reviews the plan with</p> <p>21 the physician. Many times it's a few plans, some different</p> |
| <p>7</p> <p>1 A Yes.</p> <p>2 Q Okay. And you had mentioned the name of the</p> <p>3 center?</p> <p>4 A Yes. It's called the James Beck Cancer Center.</p> <p>5 Q And is that part of the -- that's like a name for</p> <p>6 this particular part of Ministry Health Care?</p> <p>7 A Yes. Our cancer center is attached to Ministry</p> <p>8 St. Mary's Hospital.</p> <p>9 Q Okay. And that hospital is part of Ministry</p> <p>10 Health Care, your employer?</p> <p>11 A Correct, yes.</p> <p>12 Q What's your -- what was your job -- I want to go</p> <p>13 over your job description, so whichever one you prefer to</p> <p>14 start with, the current position or the past position.</p> <p>15 A We can start with the past position.</p> <p>16 Q Okay. Can you go -- please go through the job</p> <p>17 description for that and the duties, generally speaking the</p> <p>18 duties that you'd perform. And if you don't mind,</p> <p>19 separating them out from the dosimetrist and the manager of</p> <p>20 radiation oncology.</p> <p>21 A Sure. So a dosimetrist actually works</p> | <p>9</p> <p>1 combinations with pluses and minuses, like maybe this has</p> <p>2 really great coverage, but maybe where kind of impinging on</p> <p>3 critical structures. And maybe there's one that spares the</p> <p>4 structures better and maybe not so much the tumor volume.</p> <p>5 So that's primarily the job of the medical</p> <p>6 dosimetrist. Once we have a plan, then we go to our</p> <p>7 medical physicist who does all the checking. So, any</p> <p>8 questions on the medical dosimetrist part?</p> <p>9 Q You said that the one who it goes to next was a</p> <p>10 medical physicist?</p> <p>11 A Correct, yes. A medical physicist.</p> <p>12 Q And that person is the one who's configuring the</p> <p>13 machine?</p> <p>14 A That is the scope of their practice, yes. They</p> <p>15 do configure the machine and do all the QA, but they also</p> <p>16 review mine and the doctor's plan that we put together to</p> <p>17 ensure, does this make sense? Did we overlook anything?</p> <p>18 Did this patient have previous treatments that we didn't</p> <p>19 consider? That kind of thing. So he does all the</p> <p>20 secondary checks prior to treatment.</p> <p>21 Q Okay. And so in your case, the dosimetrist, that</p>   |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

4

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| <p style="text-align: right;">10</p> <p>1 person is not really -- it's almost like you're telling the</p> <p>2 physicist this is what -- this is where the radiation needs</p> <p>3 to go and in what amounts, and then the physicist makes</p> <p>4 sure that the machine puts it where it's been deemed</p> <p>5 necessary, and the amounts deemed necessary; is that</p> <p>6 correct?</p> <p>7 A Well, he doesn't actually deliver the radiation.</p> <p>8 That's a radiation therapist.</p> <p>9 Q Okay.</p> <p>10 A He just -- he -- he checks the parameters of the</p> <p>11 treatment plan. Another component of the treatment plan is</p> <p>12 okay, so we have a -- one of our computers that actually do</p> <p>13 all the calculations to figure out much will that -- will</p> <p>14 the radiation beam on. There's an independent check just</p> <p>15 to verify, you know, aside from the treatment planning</p> <p>16 computer, they do an independent check to make sure that</p> <p>17 there's plus or minus 3 percent, you know, variance, so</p> <p>18 they do that part. They don't -- no, they don't align the</p> <p>19 patient. That's more the radiation therapist.</p> <p>20 Q So the independent check was the physicist;</p> <p>21 correct?</p>   | <p style="text-align: right;">12</p> <p>1 Another piece is the isodose distribution. And</p> <p>2 the isodose distribution is basically the dose the patient</p> <p>3 is receiving displayed on a CT scan. So the CT scan is</p> <p>4 like a loaf of bread. So you're -- you're looking at the</p> <p>5 image -- you're looking at the target where we're treating</p> <p>6 and then you'll see these lines, and each line represents</p> <p>7 dose. And as you get close to the target volume, you'll</p> <p>8 see the full dose, and as you go further away, you'll see</p> <p>9 -- you'll see less dose.</p> <p>10 There's also quality -- quality components to the</p> <p>11 treatment plan. We do some quality checks, specifically if</p> <p>12 it's intensity modulated radiation therapy, we'll do</p> <p>13 quality checks on the machine. So you'll -- there'll be a</p> <p>14 report regarding that if it -- you know, obviously if it</p> <p>15 passed or failed. And then it also -- we have an</p> <p>16 independent check that we do in collaboration with the</p> <p>17 physicist separate to the treatment plan.</p> <p>18 So those are -- those are the components of</p> <p>19 really dosimetry. It's -- it's the treatment planning</p> <p>20 component, along with the two-way documents.</p> <p>21 Q And then so who generates the -- the QA?</p>                |
| <p style="text-align: right;">11</p> <p>1 A Correct.</p> <p>2 Q Can you tell me what the -- what the -- what</p> <p>3 medical records or what medical notes are specific to the</p> <p>4 dosimetrist?</p> <p>5 A Okay. Yeah, so once we have a treatment plan,</p> <p>6 we'll actually do, well, really a summary of the PDFs of</p> <p>7 the treatment plan, which summarizes each individual field</p> <p>8 with the different energies. So we have different energies</p> <p>9 of radiation, so the field summary will say, okay, we're</p> <p>10 using this energy of photons or this energy of electrons.</p> <p>11 It will also specify if we have any blocking. It'll</p> <p>12 specify depths, with corrections, depending on how the --</p> <p>13 what the radiation beam is going through, if it's going</p> <p>14 through the lung, or if it's also going through bones.</p> <p>15 There's some corrections that it does.</p> <p>16 And then -- then it also shows you a monitoring</p> <p>17 unit. That's the amount of time that the machine is on.</p> <p>18 So that's the treatment summary, so that each treatment</p> <p>19 summary has one of those for each one of the fields. The</p> <p>20 patient can have one field, they can have six fields, they</p> <p>21 can have nine fields. They can have multiple fields.</p> | <p style="text-align: right;">13</p> <p>1 A The quality assurance? Yeah. It's a --</p> <p>2 basically, as a dosimetrist, we will do what we call like a</p> <p>3 mock patient or phantom with our quality assurance</p> <p>4 software. That basically assimilates the treatment plan</p> <p>5 and we, you know, basically send it over to the treatment</p> <p>6 machine. Our therapists actually run the beam like we're</p> <p>7 actually treating the patient, and then once it's run, our</p> <p>8 medical physicists will review -- review to see if what we</p> <p>9 planned, what we predicted matches really what is the</p> <p>10 output. So then we --</p> <p>11 Q Okay. So the dosimetrist -- does the dosimetrist</p> <p>12 enter the information into the QA, or does the radiation --</p> <p>13 does the physicist do that?</p> <p>14 A We don't -- neither one of us enters information.</p> <p>15 Basically, we create. The dosimetrist creates the</p> <p>16 verification plan, which goes to the treatment machine.</p> <p>17 They deliver the dose, and then it comes back to the</p> <p>18 physicist to review, and he really doesn't enter any data.</p> <p>19 He just reviews isotope line, kind of the fluence mapping</p> <p>20 of the dose, and then, you know, if it's approved, if it</p> <p>21 passes or fails. Obviously, if it fails, then, you know,</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

5

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| <p style="text-align: right;">14</p> <p>1 it comes right back to me so that we can determine, why did<br/>2 this fail?<br/>3 Q And that would be essentially where the radiation<br/>4 was, outside of the area or volume that it was supposed to<br/>5 be?<br/>6 A Well, it could be a number of different things.<br/>7 I mean, it could be a small little pixel, a hot spot that<br/>8 we have to smooth.<br/>9 Q Okay.<br/>10 A Sometimes really complex, modulated fields are<br/>11 pretty tough to get past QA, because they're so heavily<br/>12 modulated. But we always troubleshoot. We troubleshoot<br/>13 until we get a, you know, passing field.<br/>14 Q Okay. And you said that the part -- that the<br/>15 part that the dosimetrist would do is the verification<br/>16 plan?<br/>17 A Yeah. Basically, you have the treatment plan<br/>18 that's ready for the patient. Basically making that plan,<br/>19 you're making a copy of it, and you're calling it a<br/>20 verification plan that goes into this other software.<br/>21 Q Okay. So the name of that other software is</p> | <p style="text-align: right;">16</p> <p>1 Q They're all medical records. And, in terms of,<br/>2 of this terminology as well, do you refer to these medical<br/>3 records being entered into a charting system?<br/>4 A We have ARIA. Varian ARIA is our technical<br/>5 electronic record here at St. Mary's. So, yes, it's housed<br/>6 within the technical EHR.<br/>7 Q Okay. And that's what people would refer to as a<br/>8 charting system?<br/>9 A Correct; yes.<br/>10 Q Okay. And how many charting systems are used?<br/>11 A We have our technical, in radiation oncology, and<br/>12 then our physician uses, for like follow-ups and consults<br/>13 and prescriptions, a system called Cattails, M.D.<br/>14 Q Can you spell that, please?<br/>15 A Sure. C-a-t-t-i-a-l-s, M, capital MD.<br/>16 Q Okay. So that's C-a-t-t-i-a-l-s?<br/>17 A No. Actually it's a-i. It's C-a-t-t-a-i-l-s.<br/>18 Thank you.<br/>19 Q No problem. And the other one, A-R-I-A, is that<br/>20 ARIA?<br/>21 A Correct, yes. All capital.</p> |
| <p style="text-align: right;">15</p> <p>1 what?<br/>2 A Well, it's just another module of our Varian<br/>3 software, so --<br/>4 Q Okay.<br/>5 A I have --<br/>6 Q You call it Varian software; is that right?<br/>7 A Yes.<br/>8 Q Okay. And so you're saying that you copy and<br/>9 paste information from the treatment plan into the<br/>10 software, Varian, into the Varian software?<br/>11 A Yeah. It's not really copy and pasting, but you<br/>12 right mouse and you take create verification plan, and it<br/>13 automatically copies it, essentially, yes.<br/>14 Q Oh, okay. You said create what?<br/>15 A It creates a verification plan.<br/>16 Q But what appears when you right click?<br/>17 A You just say create verification plan.<br/>18 Q Create verification plan. Okay. Then you --<br/>19 regarding these records. And, is it safe to say that these<br/>20 are -- these are -- we'll refer to them as medical records?<br/>21 A They are medical records; correct.</p>   | <p style="text-align: right;">17</p> <p>1 Q And how long have these been in use?<br/>2 A We've had ARIA at least, probably 12 or 13 years.<br/>3 Q Okay.<br/>4 A And Cattails, I think that we installed Cattails<br/>5 in 2009.<br/>6 Q Okay. So in the -- when we're talking about<br/>7 these notes that are part of these medical records, the one<br/>8 that you started talking about in your treatment plan, in<br/>9 the beginning of your description -- and we're talking<br/>10 about what part of this is the dosimetrist's --<br/>11 A Mm-hmm.<br/>12 Q -- dosimetrist's job, you had mentioned PDF in<br/>13 the treatment plan?<br/>14 A Yes.<br/>15 Q So is that the Cattails, or is that ARIA?<br/>16 A It's ARIA.<br/>17 Q Okay. And what -- what's used something to<br/>18 describe those PDFs?<br/>19 A It's really -- they're screen shots of the<br/>20 treatment plan, essentially.<br/>21 Q Okay.</p>  |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

6

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| <p style="text-align: right;">18</p> <p>1 A So if you -- they're images, CT images, with dose<br/>2 on them, essentially.<br/>3 Q Okay. CT images with dose. And how are those<br/>4 generated?<br/>5 A On our treatment planning computer, which also is<br/>6 Varian, it's called Eclipse, once we review the treatment<br/>7 plan with the physician, and they say yep, you know, we<br/>8 like it, we like this plan, then we'll actually go through<br/>9 and do some screen shots at different slices of the images.<br/>10 And we take those screen shots and then put them on a PDF<br/>11 just as a kind of summary.<br/>12 We always keep the whole entire treatment plan if<br/>13 anyone would want to look at the entire thing for every<br/>14 single slice. So we'll just put together a summary,<br/>15 essentially.<br/>16 Q I see. So you -- and then -- so the role, roles<br/>17 of the dosimetrist is to determine which slices of the CT<br/>18 scan are going to be used and then cut, and then you create<br/>19 that PDF of that. And then the other thing that's done is<br/>20 the right clicking on the -- on the mouse in the treatment<br/>21 plan to copy the treatment plan into the Varian software?</p> | <p style="text-align: right;">20</p> <p>1 basically I'm accountable for the day-to-day operations.<br/>2 So, you know, essentially, I have, well, at that time,<br/>3 probably about eight associates reporting to me, which<br/>4 include radiation therapists, medical physicists, cancer<br/>5 registry, front desk staff, and a nurse.<br/>6 So in the big picture of management, I mean, I'm<br/>7 accountable for the budget, both operational and capital.<br/>8 Also, you know, troubleshooting, day-to-day operations.<br/>9 In this case with locums, I work with the locum<br/>10 -- work with our provider recruitment to get our locum<br/>11 needs, and then kind of orchestrate the schedule as locums<br/>12 come and go. When a locum comes, I go through, you know,<br/>13 kind of the software that we have, and most of the time,<br/>14 the provider that's been here knows the ARIA software. The<br/>15 other software, the Cattails MD, has formal training that's<br/>16 done by Cattail certified trainers. That's pretty much it.<br/>17 I supervised the staff.<br/>18 Q Okay. And the -- the radiation therapists, you<br/>19 mentioned the eight associates, the radiation therapists.<br/>20 Is that the doctor, is that a different?<br/>21 A Way back, you know, way back in the early part of</p> |
| <p style="text-align: right;">19</p> <p>1 A Mm-hmm, yes.<br/>2 Q Okay. So other than those two things, what are<br/>3 -- do those two things accurately capture the job of the<br/>4 dosimetrist?<br/>5 A Yes; that's correct. As far as the documents go;<br/>6 yes.<br/>7 Q Okay.<br/>8 A Would you like me to talk about the management<br/>9 part?<br/>10 Q Yeah. Let me just -- you were using ARIA in<br/>11 2011; correct?<br/>12 A Correct, yes.<br/>13 Q Does it have a particular version number that<br/>14 you're aware of?<br/>15 A I don't know what the version is.<br/>16 Q Okay. Do you know what the version number was in<br/>17 2011?<br/>18 A No.<br/>19 Q Okay. Then yes. So now let's talk about the<br/>20 part, the manager of the radiation oncology.<br/>21 A So, as the manager of radiation oncology,</p>  | <p style="text-align: right;">21</p> <p>1 when radiation started to be used for cancer, you're right,<br/>2 doctors were called radiation therapists. But now they're<br/>3 radiation oncologists, and physicians, radiation<br/>4 oncologists. A radiation therapist is actually a technical<br/>5 associate that delivers the radiation dose each day.<br/>6 Q Okay. Like you were saying, the person that<br/>7 actually runs the machine?<br/>8 A Correct; yes.<br/>9 Q Is the -- so there's another phrase, lingo that's<br/>10 used, which is allied health professional. You're familiar<br/>11 with that phrase?<br/>12 A I guess. I don't know if I know that exact<br/>13 definition.<br/>14 Q Okay. It's -- does it -- does it refer to<br/>15 positions within a hospital which are, you know, assisting<br/>16 physicians? Is that, generally speaking, what you<br/>17 understand it to be?<br/>18 A I guess I'm not familiar enough with that<br/>19 terminology to say. I've heard that terminology. I don't<br/>20 know exactly what that means.<br/>21 Q Okay. Have you ever -- are you familiar at all</p>   |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 7

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| <p style="text-align: right;">22</p> <p>1 with the bylaws of the medical staff of St. Mary's Hospital<br/>2 of Rhinelander, Wisconsin?<br/>3 A No, I am not.<br/>4 Q And -- and are you aware that the St. Mary's<br/>5 Hospital of Rhinelander, Wisconsin has bylaws of the<br/>6 medical staff?<br/>7 A I do. I've heard that in various meetings.<br/>8 Q So what -- what else do you know about it other<br/>9 than it's existence?<br/>10 A Nothing. I couldn't tell you what was in it.<br/>11 Nothing.<br/>12 Q Okay. So based upon the description that you<br/>13 gave about the eight associates that report to you, is it<br/>14 correct to say that you do not supervise physicians?<br/>15 A No, I do not.<br/>16 Q Is it correct that --<br/>17 A Oh, it is correct to say that I do not supervise<br/>18 physicians.<br/>19 Q Okay. And would you be able to say that the<br/>20 allied health professionals, as a, you know, category of<br/>21 staff members, would include radiation therapists, nurses,</p>   | <p style="text-align: right;">24</p> <p>1 together?<br/>2 A It's -- correct, yes. It's chemotherapy.<br/>3 Q And so, in your particular institution, radiation<br/>4 oncology is not a -- does not come under the umbrella of<br/>5 radiology. It comes under the umbrella of cancer services?<br/>6 A Correct.<br/>7 Q Does a radiology -- is radiology it's own<br/>8 service?<br/>9 A Yes.<br/>10 Q All right. So what is that -- what does that<br/>11 mean though? As a regional director, you kind of talked<br/>12 about how, in the other position as the manager of<br/>13 radiation oncology, you have these -- these associates that<br/>14 report to you. You had work related to the budget, to<br/>15 operations?<br/>16 A Yep.<br/>17 Q What about now as the regional director?<br/>18 A The same thing, but it's just expanded to also<br/>19 include medical oncology. And then I'll have more of a<br/>20 role of developing services, service lines.<br/>21 To be accredited under the Commission on Cancer</p>  |
| <p style="text-align: right;">23</p> <p>1 dosimetrists, physicists, et cetera?<br/>2 A Yes.<br/>3 Q Okay. But that physicians or MDs, doctors if you<br/>4 will, are not allied health professionals?<br/>5 A Correct. Based on what you explained, yes;<br/>6 correct.<br/>7 Q Regarding -- now, regarding your current position<br/>8 as the regional director of cancer services, what, you<br/>9 know, what is your job now?<br/>10 A My job now, as of December, we took over medical<br/>11 oncology services as well, so I'm responsible for radiation<br/>12 and medical oncology at the St. Mary's campus.<br/>13 I no longer -- I am a medical dosimetrist, or<br/>14 certified medical dosimetrist, however, I'm no longer<br/>15 working in medical dosimetry, because I've taken on the<br/>16 medical oncology component. So essentially, I'm<br/>17 responsible for the whole cancer center, instead of just<br/>18 half.<br/>19 Q Okay. So the medical oncology, for purposes of<br/>20 understanding of what you're talking about, there is<br/>21 essentially, it's chemotherapy and radiation therapy</p> | <p style="text-align: right;">25</p> <p>1 is another thing that I'm tasked with. The marketing<br/>2 components. Since I'm regional, right now, in the north,<br/>3 we're the only cancer center, so perhaps I'd be responsible<br/>4 for those satellites.<br/>5 Q Okay.<br/>6 A And then within Ministry Healthcare, we have<br/>7 other regions that have the same directors as myself, and<br/>8 I'm responsible to work with them closely so that we can<br/>9 standardize and collaborate.<br/>10 Q Okay. All right. So now what, you know,<br/>11 normally we would have documents that we would go over, and<br/>12 I would hand you a copy of the documents, and we would<br/>13 identify it and provide it an exhibit number. But you're,<br/>14 you know, you're not really going to be able to see them,<br/>15 so what I'm going to try to do is just describe them --<br/>16 A Okay.<br/>17 Q And you, you know, just try to confirm that you<br/>18 know what document I'm talking about, and then we'll talk<br/>19 about it, okay?<br/>20 A Okay. Sounds good.<br/>21 Q Okay. So the main document here is what was</p> |



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 8

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| <p style="text-align: right;">26</p> <p>1 originally provided to us as three pages. And they're kind<br/>2 of, you can almost see them as not together or related, but<br/>3 they kind of, they appeared to be in the sense that they<br/>4 were together in a group. And they all say -- they all<br/>5 have the same logo in the upper left hand corner, and they<br/>6 all say, verification of hospital privileges and clinical<br/>7 reference in the upper right hand corner as well.<br/>8 A Yes.<br/>9 Q The -- let me just go through the three pages.<br/>10 The first page says, provider Mohammed Hussain, M.D.,<br/>11 privileges listed below are those held at the time this<br/>12 provider left our facility, and then it says radiation<br/>13 oncology. And then there's a chart that says a description<br/>14 of, I guess types of privileges, and then a column of<br/>15 approved, and then the column for notes. Are you familiar<br/>16 with that page?<br/>17 A I'm looking at the first page, and I see the<br/>18 provider name, affiliation date. And then I see --<br/>19 Q So it's not that one. That's from a different<br/>20 page.<br/>21 A Okay. The other page is, it says while on staff</p> | <p style="text-align: right;">28</p> <p>1 identification.)<br/>2 And the other part, as the two pages, I'm going to<br/>3 mark that as Exhibit 2. Which page, is there a first page<br/>4 and a second page?<br/>5 (Whereupon, Exhibit Number 2 was marked for<br/>6 identification.)<br/>7 A I guess I would call the first page the one with<br/>8 the provider name on top.<br/>9 Q Okay. Is that because this is one document?<br/>10 A Yes. I believe so, yes. I would call this one<br/>11 document.<br/>12 Q Okay. So the two pages are one document. I'm<br/>13 going to say Exhibit 2, and Page 1 is the one that you<br/>14 said, where it provides the provider name at the top. And<br/>15 then Page 2 I'm marking as the -- the second page.<br/>16 A Okay.<br/>17 Q So, therefore, we've sort of identified this<br/>18 document and we're going to ask you questions about it.<br/>19 A Okay.<br/>20 Q The first page, it says -- there's a signature<br/>21 there for a Jenny Brown or Jerry Brown, medical staff</p>   |
| <p style="text-align: right;">27</p> <p>1 with disciplinary or corrective action taken.<br/>2 Q Not that page.<br/>3 A Okay, I guess third one. Here we go. It says<br/>4 privileges listed below are those held at the time provider<br/>5 left the facility. Okay. I've got it in front of me.<br/>6 Q So now, are both of these three pages that we<br/>7 just identified, you identified -- so you identified two<br/>8 pages, and now it's the third one.<br/>9 Are these three pages, are these part of one<br/>10 document, or do they all sort of exist as separate<br/>11 documents within your system somewhere?<br/>12 A I don't know about this last, this one that you<br/>13 were talking about specifically. I believe when I filled<br/>14 out this verification of hospital privileges, I believe<br/>15 this is one document, the two pages together. But this<br/>16 third one, with the typed Y, I'm not certain if that was<br/>17 behind it or not.<br/>18 Q Okay. So let's do this then. This third page<br/>19 with the typed Y, I'm going to mark that for our records<br/>20 here as Exhibit 1.<br/>21 (Whereupon, Exhibit Number 1 was marked for</p>  | <p style="text-align: right;">29</p> <p>1 coordinator. Can you tell us who that is, please?<br/>2 A Yes. Jenny Brown works within our credentialing<br/>3 department here at St. Mary's. So we get a new provider, a<br/>4 new locum physician, she prepares all the credentialing.<br/>5 Q Okay.<br/>6 A And that's really all the interaction I have with<br/>7 her, based on when there's a new provider.<br/>8 Q Okay. Now this signature of hers was dated<br/>9 January 9, 2015. Why is it that this is being generated at<br/>10 this date and time when Dr. Hussain had already had his<br/>11 privileges approved two years prior? Do you see the<br/>12 affiliation dates there?<br/>13 A Yes. Yes. And I have an answer for that.<br/>14 Q Okay.<br/>15 A So following Dr. Hussain's last time here, March<br/>16 2013, I continued to receive voicemail messages, as well as<br/>17 letters from different facilities that he was applying for<br/>18 credentialing at, and work at. It's just ongoing. And I<br/>19 didn't want to receive any of those questionnaires anymore<br/>20 or phone calls anymore.<br/>21 So I had asked Jenny, you know, what can I do to,</p> |



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

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| <p style="text-align: right;">30</p> <p>1 you know, make this stop. And so she gave me this form to</p> <p>2 fill out. At the same time, we had just hired a permit</p> <p>3 radiation oncologist, so there was no need to have locums</p> <p>4 anymore. So we filled this -- I filled this letter out for</p> <p>5 her files.</p> <p>6 Q Okay. Why didn't you want to receive any -- what</p> <p>7 do you call them, the requests for employment verification,</p> <p>8 or, what word or phrase would you use to describe them?</p> <p>9 A I think they're called employment verifications.</p> <p>10 Q Employment verifications? Okay. Why didn't you</p> <p>11 want to receive them anymore?</p> <p>12 A Because I -- I didn't want to recommend the</p> <p>13 physician.</p> <p>14 Q Do you keep records of the institutions</p> <p>15 employers, etcetera that had sent employment verifications?</p> <p>16 A No.</p> <p>17 Q Does somebody else keep records of those?</p> <p>18 A Maybe Jenny does. I do not know.</p> <p>19 Q And why did you not want to recommend Dr.</p> <p>20 Hussain?</p> <p>21 A Based on our experience here, I had, over all, we</p>             | <p style="text-align: right;">32</p> <p>1 you don't recall them?</p> <p>2 A Depending on what time she came in, one could</p> <p>3 have been vague and one could have been specific. I don't</p> <p>4 recall.</p> <p>5 Q Were there any other associates who said</p> <p>6 anything?</p> <p>7 A I don't recall. I just know for sure Julie had</p> <p>8 some concerns.</p> <p>9 Q And is that it? It is it fair to say that the</p> <p>10 reason why you did not want to recommend Dr. Hussain was</p> <p>11 because Julie had some concerns?</p> <p>12 A Along with myself, as a medical dosimetrist, I</p> <p>13 felt that as well.</p> <p>14 Q All right. So what about your concerns? Do you</p> <p>15 -- can you provide details regarding those?</p> <p>16 A I had difficulty connecting and building</p> <p>17 confidence with the provider.</p> <p>18 Q Are you able to provide any specific details</p> <p>19 regarding that?</p> <p>20 A No, I can't. I don't recall.</p> <p>21 Q So you don't recall what happened to cause you</p>  |
| <p style="text-align: right;">31</p> <p>1 had difficulty connecting and building confidence with his</p> <p>2 care. My -- I had associates approach me during the time</p> <p>3 he was here and afterwards. There seemed to be some</p> <p>4 troubles with use of technology and language that were</p> <p>5 maybe some barriers for us.</p> <p>6 Q And what are the names of those associates?</p> <p>7 A Okay. I'll write them down as I go. So there's</p> <p>8 Julie Vilisch, V-i-l-i-s-c-h.</p> <p>9 Q Okay. Let's just go through them one by one.</p> <p>10 And what did Julie say?</p> <p>11 A I do not remember.</p> <p>12 Q What is her job?</p> <p>13 A An RN, a nurse.</p> <p>14 Q What, generally speaking, did she say?</p> <p>15 A I don't exactly what she said.</p> <p>16 Q Not exactly, just generally what did she say?</p> <p>17 A She had an overall concern for our patients. I</p> <p>18 can't recall specifically. I don't have it written down.</p> <p>19 Q Is it fair to say that she did not provide any</p> <p>20 specific details regarding her concerns, that she gave a</p> <p>21 vague description, or she did provide specific details, but</p> | <p style="text-align: right;">33</p> <p>1 concern about the difficulty connecting?</p> <p>2 A No, I do not recall.</p> <p>3 Q So is it fair to say that the reason that you did</p> <p>4 not want to recommend Dr. Hussain was because both you and</p> <p>5 Julie had concerns about the difficulty connecting with</p> <p>6 him?</p> <p>7 A Yes. And confidence, gaining confidence with his</p> <p>8 patient care.</p> <p>9 Q Okay. Let's break those down into two separate</p> <p>10 things then. What is -- what do you mean by difficulty</p> <p>11 connecting with him?</p> <p>12 A I don't know if it was a language barrier, you</p> <p>13 know, maybe connecting is a bad word, you know, it's just</p> <p>14 when you work with a physician, you want to have confidence</p> <p>15 and develop trust, and we had difficulty establishing that.</p> <p>16 Q All right. So then let's go focus in on the</p> <p>17 second one, building confidence and establishing trust.</p> <p>18 A Yes.</p> <p>19 Q What -- what is it that -- what happened in order</p> <p>20 for there to be that?</p> <p>21 A In general, you know, you establish a</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 10

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| <p style="text-align: right;">34</p> <p>1 cohesiveness of having, you know, good decision, no<br/>2 indecision, you practice, you know, radiation oncology<br/>3 guidelines. As you do the work with the provider, you just<br/>4 feel that connection and that confidence that they're<br/>5 providing good care to your patients. The way they ask<br/>6 questions for locums, the way they're coming and going, a<br/>7 lot of times the locums will have a lot of questions.<br/>8 Because, you know, they're just walking in on a new case,<br/>9 so they're asking questions, what kind of questions are<br/>10 they asking? That's really how you start building your<br/>11 confidence.<br/>12 Q And am I correct though that you do not remember<br/>13 the specific details regarding that component of your<br/>14 concern?<br/>15 A You are correct. I do not remember the details.<br/>16 Q Are any of the medical records going to reflect<br/>17 any of the concern? So, for example, a patient who he saw<br/>18 had a treatment plan, and then the treatment plan had to be<br/>19 modified or changed after he left because it wasn't<br/>20 correct?<br/>21 A I don't know. I do recall us pushing off things</p> | <p style="text-align: right;">36</p> <p>1 A She is Caucasian, white.<br/>2 Q And what religion are you?<br/>3 A I am Catholic.<br/>4 Q And are you from the United States of America?<br/>5 A Yes.<br/>6 Q And do you know what religion Julie is?<br/>7 A Well, I think she was Catholic, but I think she<br/>8 might have changed to Lutheran, I'm not sure.<br/>9 Q Okay. And do you know whether or not if she was<br/>10 born in the United States of America?<br/>11 A She was, yes.<br/>12 Q You had mentioned a language barrier. You said<br/>13 you're not sure whether or not if there was an issue with<br/>14 the language barrier or not. What's the reason --<br/>15 A Yeah. Him understanding us or us understanding<br/>16 him.<br/>17 Q So what's your reason for suggesting the language<br/>18 but not being sure whether or not there was a language<br/>19 barrier or not?<br/>20 A I'm not sure as to whether that was why we had<br/>21 difficulty connecting or gaining confidence.</p>  |
| <p style="text-align: right;">35</p> <p>1 for the next week for the next locum who was established<br/>2 here and who we had trust with. I don't know if there are<br/>3 existing records that would show that for you.<br/>4 Q Well do you recall any specific, you know,<br/>5 patients who had a particular issue?<br/>6 A No.<br/>7 Q Do you recall that there, in fact, were not any<br/>8 patients with specific issues with his -- regarding his<br/>9 what's the word for it? What would you use for the word<br/>10 for his -- his --<br/>11 A Are you talking about lack of confidence?<br/>12 Q You mentioned patient care.<br/>13 A I don't -- I don't recall any bad outcomes.<br/>14 There's nothing reported. I don't have any.<br/>15 Q But not just bad outcomes, but, you know, someone<br/>16 had to go back and change something that he did so that<br/>17 there would be no bad outcomes.<br/>18 A I don't know that.<br/>19 Q What -- okay. What is your race?<br/>20 A I am white. Caucasian.<br/>21 Q And what about Julie?</p>   | <p style="text-align: right;">37</p> <p>1 Q Why are you not sure about that?<br/>2 A I'm just -- I'm not sure if that was a component<br/>3 of that or not.<br/>4 Q Okay. So what is it about it that makes you<br/>5 think it might have been a component?<br/>6 A If I recall, sometimes it was hard to understand<br/>7 him and vice versa, hard for him to understand us.<br/>8 Q Okay. And what is it about the language barrier<br/>9 that makes you think it might not have been an issue?<br/>10 A It's difficult to put your finger on it when<br/>11 you're trying to establish confidence with someone.<br/>12 Q And so what other types of things might it be if<br/>13 it wasn't that?<br/>14 A Potentially it could be just different ways of<br/>15 doing things, different ways we hadn't seen before. I<br/>16 don't know. I wish I could remember.<br/>17 Q Well, let's go through it then, to get some<br/>18 details, and then maybe some of this will refresh your<br/>19 memory.<br/>20 So there was the first assignment back in 2011.<br/>21 Did you remember meeting Dr. Hussain for the first time?</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 11

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| <p style="text-align: right;">38</p> <p>1 A I remember meeting him. I must have met him that<br/>2 first time, yes.<br/>3 Q Okay. And that was in June of 2011. Did you --<br/>4 I mean, I guess you wouldn't remember off the top of your<br/>5 head, but would it -- I mean, would it surprise you that it<br/>6 was June 13th to 17th that was his first assignment there?<br/>7 A No. It wouldn't surprise me. During that time<br/>8 we had another full-time radonc. So he would have been<br/>9 covering for a stint of his detation (sic).<br/>10 Q Okay. And one of the things that I noticed was<br/>11 that his first assignment predated the affiliation dates on<br/>12 the, what we're calling Exhibit Number 2, Page Number 1.<br/>13 Is -- does that surprise you that he was -- well, let me<br/>14 just --<br/>15 A I --<br/>16 Q I'm sorry. Go ahead.<br/>17 A I was going to say I see what you are looking at.<br/>18 I didn't write those affiliation dates on there. It was me<br/>19 that actually looked back to see when Dr. Hussain was here.<br/>20 So I did supply those June 2011, 13th through the 17th<br/>21 dates. That's what our records show.</p> | <p style="text-align: right;">40</p> <p>1 was here in two times in 2011. I thought it was just once.<br/>2 Q Okay. So -- and then -- but he was there that<br/>3 second time in July 2011 --<br/>4 A Correct.<br/>5 Q From the 18th to the 22nd. Is this -- you<br/>6 wouldn't be surprised to find that your records show him<br/>7 there at that time?<br/>8 A Correct, right.<br/>9 Q So when you saw him the second time in July, were<br/>10 you already concerned by that point?<br/>11 A I don't recall.<br/>12 Q And then the third assignment was March 2013, and<br/>13 do you recall whether or not you were concerned by that<br/>14 point when you saw him and he came back?<br/>15 A Yes. I remember being concerned, but again, I<br/>16 can't tell you the details or be specific.<br/>17 Q Okay. Let's say that -- well let me -- let me<br/>18 ask you this. You mentioned you had gotten, since the last<br/>19 time he was there in 2013, you had received many employment<br/>20 verifications, employment verifications from other<br/>21 employers, other hospitals. What did you say in those</p> |
| <p style="text-align: right;">39</p> <p>1 Q Okay. So in the affiliation date, is that<br/>2 supposed to indicate when he had privileges at the<br/>3 hospital?<br/>4 A I would assume so. That would be my guess. I<br/>5 don't know for sure.<br/>6 Q Okay. Would Jenny know the answer to what the<br/>7 affiliation dates mean?<br/>8 A Yes.<br/>9 Q And so the first -- the first assignment he's<br/>10 there covering for the other doctor and you met him. What<br/>11 do you recall about that?<br/>12 A Locums for the provider vacations were pretty<br/>13 common for us, so I would have imagined that we had<br/>14 Cattails training set up for him, got him or oriented to<br/>15 ARIA and our process. And his very first day was a Monday,<br/>16 and it was on treatment visit day, so I would say he<br/>17 probably jumped in and started doing our treatment visits.<br/>18 Q Okay. Do you recall that he was then out to come<br/>19 back for another assignment?<br/>20 A I guess I didn't realize here 2000, 2011 until I<br/>21 was recently asked to look. So I hadn't remembered that he</p>  | <p style="text-align: right;">41</p> <p>1 about Dr. Hussain?<br/>2 A I tried to avoid them. I tried to not answer any<br/>3 of the voice mails. I tried to divert all of the<br/>4 questionnaires over to Jenny Brown. I didn't want to fill<br/>5 them out.<br/>6 Q Okay. And do you know -- did Jenny talk to you<br/>7 about why you were routing all this stuff to her?<br/>8 A Yes. And we had conversations in the past and<br/>9 that I'm not a radiation oncologist. I'm not a true peer,<br/>10 but those continued to come to me, and then she had me fill<br/>11 out this document, this Exhibit 2.<br/>12 Q Okay. Oh, so you were the one who wrote the X's<br/>13 in the columns on Page 1 there?<br/>14 A Correct.<br/>15 Q Okay. And is it then the case that those prior<br/>16 employment verifications, they, in fact, never got<br/>17 responded to?<br/>18 A I would say all of them up until this form. And<br/>19 I don't know if Jenny sent it out anywhere. I'm thinking<br/>20 they probably did, since you have a copy.<br/>21 Q Okay. I'm trying to figure out why you -- why</p>              |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 12

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| <p style="text-align: right;">42</p> <p>1 you would not want to fill out the form if you had these</p> <p>2 concerns. Can you try to explain that? Do you know why</p> <p>3 you would have the concerns but not want to talk about it</p> <p>4 or publicize it?</p> <p>5 A No. Nope. That's -- it's always easier to give</p> <p>6 praise than do the other way around. Did I want to tell</p> <p>7 other places, absolutely. I guess that's a good question,</p> <p>8 that I can't answer.</p> <p>9 Q Is it possible that it's because your evaluation</p> <p>10 was really more personal in nature than it was having to do</p> <p>11 with whether or not he was a good doctor?</p> <p>12 A I would say I'm not a radiation oncologist. So I</p> <p>13 would say that I wouldn't have that expertise. Nor am I a</p> <p>14 medical physician.</p> <p>15 I wouldn't say it was personal, as I had other</p> <p>16 associates come to me, specifically Julie.</p> <p>17 Q Was there anybody other than Julie?</p> <p>18 A I can't tell you for sure as far as our radiation</p> <p>19 therapists. I do recall a disagreement with one our</p> <p>20 medical oncologists.</p> <p>21 Q And what is that person's name?</p>             | <p style="text-align: right;">44</p> <p>1 A No. No, I don't.</p> <p>2 Q All right. And then your comments in the</p> <p>3 comments section on Page 2, the part that sort of -- the</p> <p>4 follow-on part after the signature --</p> <p>5 A Yes.</p> <p>6 Q -- where it says, we delayed starts of treatments</p> <p>7 so we could have the next radiation covering plan, the</p> <p>8 radiation plan, the radiation --</p> <p>9 A Yes, appropriately.</p> <p>10 Q Yeah. Covering the plan -- covering. This is</p> <p>11 supposed to say -- can you say that part there, read that</p> <p>12 part there?</p> <p>13 A Sure. Should I read that paragraph?</p> <p>14 Q Yeah.</p> <p>15 A Okay. "I can say as the medical dosimetrist,</p> <p>16 working side by side with him, we delayed starts of</p> <p>17 treatments so we could have the next radonc covering plan</p> <p>18 the patients appropriately. I would not have this provider</p> <p>19 come back even if we were in dire need."</p> <p>20 Q Okay. So the part about having the next radonc</p> <p>21 covering plan the patients appropriately, you said already,</p>  |
| <p style="text-align: right;">43</p> <p>1 A Steven Toothachre.</p> <p>2 Q Okay. What do you remember about that?</p> <p>3 A I don't. I don't remember any details. I just</p> <p>4 remember Dr. Toothachre being very frustrated with a</p> <p>5 decision that Dr. Hussain made in the hallway. I don't</p> <p>6 recall what it was about, who the patient was.</p> <p>7 Q Okay. So going over this evaluation form,</p> <p>8 Exhibit 2, the first row for which you had put an "x" for</p> <p>9 below average, that's availability and thoroughness in</p> <p>10 patient care. What, if anything, supports your ranking at</p> <p>11 below average.</p> <p>12 A I don't recall.</p> <p>13 Q Can you say that's going to be the same answer</p> <p>14 for all of these that indicated below average?</p> <p>15 A Absolutely. I don't recall.</p> <p>16 Q And does that go for all -- is there anything</p> <p>17 that you remember at all about any of these, even the ones</p> <p>18 that say average or -- let's not do no info, because I</p> <p>19 guess you would know that just by inference, but do you</p> <p>20 remember anything about why you had marked average about</p> <p>21 anything you had marked average for?</p> | <p style="text-align: right;">45</p> <p>1 you testified you don't remember anything -- no -- you said</p> <p>2 that there are no records that indicate something that was</p> <p>3 not planned appropriately?</p> <p>4 A Right. Nothing that I recall.</p> <p>5 Q Who would be the appropriate person to review</p> <p>6 those records to determine whether or not something has</p> <p>7 been not planned appropriately?</p> <p>8 A Probably a radiation oncologist.</p> <p>9 Q Okay. Do you remember the name of the radonc</p> <p>10 that came on after Dr. Hussain?</p> <p>11 A I don't.</p> <p>12 Q I'm wondering what -- when you said that your</p> <p>13 concerns weren't personal in nature, I'm just trying to</p> <p>14 figure out why, you know, if it wasn't just personal in</p> <p>15 nature, wouldn't there have been some sort of thing that</p> <p>16 you would do to notify some sort of office of risk</p> <p>17 management or, you know, some sort of body to say that we</p> <p>18 have this physician here, and we're not, you know, we never</p> <p>19 connected with this person and did not have confidence or</p> <p>20 trust in their treatment?</p> <p>21 A So during those last, since he was here in 2013,</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 13

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| <p style="text-align: right;">46</p> <p>1 we had locums, different locums, nearly every week, every<br/>2 other week, so in scenarios with the different locums, we<br/>3 essentially, we would, as a team, get through the week<br/>4 until that locum was gone. You know, kind of push things<br/>5 to the next week if we didn't have a comfort level that we<br/>6 had established with the care.<br/>7 Looking back and going forward, I absolutely<br/>8 would call risk. But on this case, I did not. Yeah, all I<br/>9 have is what I wrote. I don't have any details.<br/>10 Q And that office of risk, are you referring to the<br/>11 hospital office of risk management?<br/>12 A Yes, exactly.<br/>13 Q Let me -- I'm just going -- I'm not sure if I<br/>14 know how to put this phone on mute, so I'm just going to<br/>15 step out of the room for a brief minute to talk to Dr.<br/>16 Hussain and I'll be right back, okay?<br/>17 THE WITNESS: Okay.<br/>18 MR. KING: Okay. Thank you.<br/>19 (Mr. King exits the room.)<br/>20 BY MR. KING:<br/>21 Q Were you aware of a fourth assignment that the</p>                               | <p style="text-align: right;">48</p> <p>1 Medical directors fill this type of thing out.<br/>2 Q Jenny asked you to fill this out, the one that<br/>3 we're talking about, Exhibit Number 2?<br/>4 A Correct, yes.<br/>5 Q So this is the only time you have ever been asked<br/>6 to fill something like this out?<br/>7 A Yes.<br/>8 Q And so your answer to the question as to whether<br/>9 or not this is part of privilege and you're saying, I don't<br/>10 know, because I've never been asked to fill this out except<br/>11 for the one time that I was asked to?<br/>12 A Right. Because we've credentialed many, many<br/>13 locums.<br/>14 Q Okay.<br/>15 A In the past.<br/>16 Q And what do you -- what do you know about the<br/>17 privileging committees and how a physician is privileged?<br/>18 A I have no idea.<br/>19 Q Do you know who the chairman of the medical<br/>20 services is?<br/>21 A I don't.</p> |
| <p style="text-align: right;">47</p> <p>1 hospital wanted Dr. Hussain for in April? It would have<br/>2 been April 8th to April 12th, in 2013. Would you be aware<br/>3 of that, in the sense that you would be having a role in<br/>4 communicating with comp health about, we have this need for<br/>5 locums, and this is the date, et cetera?<br/>6 A I would communicate any needs to our provider<br/>7 recruiter and she would work with comp house. I did not<br/>8 work with comp house directly. I don't know if we<br/>9 requested that or not.<br/>10 Q And who -- what is the name of the provider<br/>11 recruiter that would have been in the early 2013 time<br/>12 period?<br/>13 A It's -- well, it's Holly Anderson for 2013.<br/>14 Q Okay. Are you part of the privileging committees<br/>15 at the hospital?<br/>16 A Oh, no.<br/>17 Q So do you see that your filling out of this<br/>18 Exhibit Number 2, this verification of hospital privileges<br/>19 and clinical reference, do you see that as being part of<br/>20 the privileging process of the hospital?<br/>21 A I don't recall ever being asked to fill this out.</p> | <p style="text-align: right;">49</p> <p>1 Q Do you know who the chairman of the credentials<br/>2 committee is?<br/>3 A I don't.<br/>4 Q Do you know who the medical staff president is?<br/>5 A I'm not for certain.<br/>6 Q Do you know who the president of the hospital is?<br/>7 A Yes, I do.<br/>8 Q And who is that?<br/>9 A Do you want the one present?<br/>10 Q Yes, please.<br/>11 A Sandy Anderson.<br/>12 Q Okay. And who was the president when Dr. Hussain<br/>13 was there?<br/>14 A It would have been Monica Hilt.<br/>15 Q Okay. And do you know who Anne Zenk is?<br/>16 A Yes. She is our VP of nursing.<br/>17 Q Okay. And do you know who Marsha Wickham is?<br/>18 A Yes. She is the nursing director on the floor.<br/>19 Q And do you know who Jean Stepids is?<br/>20 A I believe Jean is retired now and she works for<br/>21 IT.</p>   |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 14

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| <p style="text-align: right;">50</p> <p>1 Q And do you know Paula Zelechowski?</p> <p>2 A Paula is either manager or supervisor of</p> <p>3 transcription.</p> <p>4 Q And Karen Wiedeman?</p> <p>5 A Karen Wiedeman?</p> <p>6 Q Karen Wiedeman.</p> <p>7 A I think her title is infection control.</p> <p>8 Q And Kathy Jensen?</p> <p>9 A She used to work in employee health.</p> <p>10 Q And Tracy Litzen?</p> <p>11 A Tracy works in the business office.</p> <p>12 Q So let's go through Exhibit Number 2 again. And</p> <p>13 the second row, for which there's a below average marked,</p> <p>14 it says -- it's for the row medical knowledge?</p> <p>15 A Mm-hmm.</p> <p>16 Q Why shouldn't Dr. Hussain have had an opportunity</p> <p>17 to address whatever issues regarding his medical knowledge</p> <p>18 prior to you providing your opinion like this?</p> <p>19 A Like I told you before, we had difficulty</p> <p>20 building confidence in care of the patient.</p> <p>21 Q And so the question is, you know, based upon the</p>  | <p style="text-align: right;">52</p> <p>1 another locum in the future.</p> <p>2 Q Well this -- say this is a little bit different</p> <p>3 than that, right. I mean, the issue didn't end up being</p> <p>4 well, we're just not going to hire him back. You -- you --</p> <p>5 maybe you could explain it. It wasn't just not hiring him</p> <p>6 back, right?</p> <p>7 A No. I think it was simple as that.</p> <p>8 Q But it's -- it involves a dispute that would</p> <p>9 normally be handled through some, you know, steps,</p> <p>10 procedures that you mentioned; correct?</p> <p>11 A What do you mean by a dispute?</p> <p>12 Q A dispute about whether or not the person's</p> <p>13 performance was satisfactory or sufficient.</p> <p>14 A So you're saying I should have brought that to,</p> <p>15 really, our quality department to address?</p> <p>16 Q Well I'm just trying to flush out your answer to</p> <p>17 the question about, you know, why wasn't he given an</p> <p>18 opportunity to address any of this before you provided your</p> <p>19 opinion about all of it. And you had mentioned the fact</p> <p>20 that, you know, well we have a way of dealing with staff,</p> <p>21 and then we have a way of dealing with locums. And I'm</p> |
| <p style="text-align: right;">51</p> <p>1 fact that you had difficulty connecting --</p> <p>2 A Or building confidence.</p> <p>3 Q Building confidence.</p> <p>4 A Mm-hmm.</p> <p>5 Q Why does that mean that he should not be allowed</p> <p>6 to address an opinion that his medical knowledge is below</p> <p>7 average, at least in your opinion?</p> <p>8 A I guess if he was given the opportunity he</p> <p>9 probably could address it.</p> <p>10 Q And why was he not provided an opportunity to</p> <p>11 address it?</p> <p>12 A I'm not aware of a way to do so.</p> <p>13 Q Well what happens in a hospital when people have</p> <p>14 concerns about other -- about connecting or building trust</p> <p>15 with other individuals? Are those type of things just deal</p> <p>16 breakers from the outset, and there's just, you know, you</p> <p>17 just fire a person, or is there some sort of manner by</p> <p>18 which people issues, discipline or whatever are managed?</p> <p>19 A For a regular employed associate, there's steps</p> <p>20 through human resources. You're correct. For -- in locum</p> <p>21 situations, we would choose whether or not we would get</p> | <p style="text-align: right;">53</p> <p>1 just trying to figure out a little about, you know, how</p> <p>2 those two things are different.</p> <p>3 A Mm-hmm.</p> <p>4 Q So the -- and you had mentioned the locum</p> <p>5 scenario is that you just don't hire the person back;</p> <p>6 correct?</p> <p>7 A Essentially, yes.</p> <p>8 Q But in this situation that's not what happened</p> <p>9 right?</p> <p>10 A After 2013 we haven't seen him.</p> <p>11 Q But for every person that you just don't hire</p> <p>12 back, do you provide these verification of hospital</p> <p>13 privileges and clinical reference forms for them that would</p> <p>14 essentially result in the denial of their privileges?</p> <p>15 A This is the only one that I've ever filled out.</p> <p>16 Q Okay. So it's correct then, or it's fair to say</p> <p>17 that this scenario was not the scenario by which you would</p> <p>18 normally deal with locums if you didn't want to hire them</p> <p>19 back?</p> <p>20 A I guess not, yeah, because I've never filled out</p> <p>21 this form before.</p>   |



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 15

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| <p style="text-align: right;">54</p> <p>1 Q So why was this case different?</p> <p>2 A I don't recall. Obviously, I had strong feelings</p> <p>3 to write what I wrote.</p> <p>4 Q Okay. And, I actually was supposed to ask this</p> <p>5 at the beginning, but I guess it's fine to ask it now as</p> <p>6 part of the whole --</p> <p>7 A Okay.</p> <p>8 Q -- question which is, are -- are you under any</p> <p>9 medications, or do you have any physical condition that</p> <p>10 would prevent you from being able to answer questions</p> <p>11 accurately?</p> <p>12 A No. Not --</p> <p>13 Q I'm sorry. Go ahead.</p> <p>14 A Not that I'm aware of.</p> <p>15 Q Very good. And what about this time period of</p> <p>16 2011 and 2013, and I guess also in 2015, when you filled</p> <p>17 out the form, were you under any medications or did you</p> <p>18 have any physical condition at that time that affected your</p> <p>19 memory or ability to recall things?</p> <p>20 A No. Not that I'm aware of.</p> <p>21 Q Were you part of the -- or did you -- did you</p>  | <p style="text-align: right;">56</p> <p>1 associates to, you know, to have a different locum every</p> <p>2 week.</p> <p>3 Q But it's good in the sense that, you know, that</p> <p>4 the department and service is still up and running and</p> <p>5 everybody still has a job, right?</p> <p>6 A Absolutely. Absolutely.</p> <p>7 Q Do you remember a Dr. Goldson?</p> <p>8 A I do remember Dr. Goldson.</p> <p>9 Q He was -- he was covering at Rhinelander for some</p> <p>10 period of time, right?</p> <p>11 A We actually hired him as a physician.</p> <p>12 Q Okay.</p> <p>13 A And then he died of a hearth attack very shortly</p> <p>14 after.</p> <p>15 Q Okay. And when was that, what year approximately</p> <p>16 was that, if you can recall?</p> <p>17 A I think 2004.</p> <p>18 Q Okay.</p> <p>19 A I think he started in January of 2004, and maybe</p> <p>20 died in February, 2004.</p> <p>21 Q Okay. And there have been, regarding Dr. Hussain</p>                |
| <p style="text-align: right;">55</p> <p>1 review or were you part of Dr. Hussain's initial</p> <p>2 application to the hospital?</p> <p>3 A That would go to -- with the application, no.</p> <p>4 That would all be through Jenny Brown.</p> <p>5 Q And what was Jenny Brown's opinion about Dr.</p> <p>6 Hussain?</p> <p>7 A We've never had that discussion.</p> <p>8 Q What did she -- what did she do, if anything, to</p> <p>9 verify your's and Julie's and Steven Toothachre's concerns</p> <p>10 about Dr. Hussain?</p> <p>11 A Nothing. Nothing I know of.</p> <p>12 Q Do you recall any, you know, any aspect of being</p> <p>13 thankful or appreciative of Dr. Hussain and the work that</p> <p>14 he did there, considering the fact that it's so hard to</p> <p>15 find types of physicians to go to such a remote area?</p> <p>16 A Well, I don't know if it's just because it's a</p> <p>17 remote area. I was thankful for every position that would</p> <p>18 come here to fill locum stints, because it was very</p> <p>19 difficult, particularly over that three year stint to find</p> <p>20 radiation oncologists to fill our gaps.</p> <p>21 And it -- you know it's difficult for our</p> | <p style="text-align: right;">57</p> <p>1 or any of this patients that he saw, have there been any</p> <p>2 malpractice claims?</p> <p>3 A Not that I know of.</p> <p>4 Q Have there been any Medicaid or Medicare payment</p> <p>5 issues?</p> <p>6 A Not that I know of.</p> <p>7 Q Have there been any complaints by patients?</p> <p>8 A Not that I know of or recall.</p> <p>9 Q And any issues regarding payments from any</p> <p>10 private insurance carriers?</p> <p>11 A Not that I know of.</p> <p>12 Q Okay. And any issues regarding federal, state,</p> <p>13 or national data bank?</p> <p>14 A No. I don't know what that is.</p> <p>15 Q It's like a clearing house of privileges.</p> <p>16 A Not that I know of.</p> <p>17 Q I think that the might be the end of the</p> <p>18 questions. I'm just going to, again, step out into the</p> <p>19 hallway for a quick second, and I'll be right back.</p> <p>20 (Mr. King exits steps away.)</p> <p>21 BY MR. KING:</p> |



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016 16

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| <p>58</p> <p>1 Q Thank very much for your time today.</p> <p>2 A You're welcome.</p> <p>3 Q The structure of the hospital it terms of,</p> <p>4 there's the Ministry St. Mary's Hospital which is, I guess</p> <p>5 the name of the institution run by Ministry Health Care?</p> <p>6 A Right.</p> <p>7 Q Which is part of Ascension Healthcare? That's</p> <p>8 been the same since 2011?</p> <p>9 A Yes, it's a part of Ministry Health Care;</p> <p>10 correct.</p> <p>11 Q Is there anything that you think can be provided</p> <p>12 to you in terms of records, or what have you, to refresh</p> <p>13 your memory as to why you provided the opinion of Dr.</p> <p>14 Hussain that you did?</p> <p>15 A No. I think it was all verbal, so no, I don't</p> <p>16 think there was any records.</p> <p>17 Q Oh, Steven Toothachre, what race is he?</p> <p>18 A I think he's Caucasian.</p> <p>19 Q And do you know what religion he is?</p> <p>20 A No. I have no idea.</p> <p>21 Q Do you know whether or not he was born in the</p> | <p>60</p> <p>1 BY MR. KING:</p> <p>2 Q The question is, what do you think Dr. Hussain's</p> <p>3 race is?</p> <p>4 A I don't know. I'm not familiar --</p> <p>5 Q Do you think it's white or Caucasian?</p> <p>6 A No.</p> <p>7 Q So what category would you put it in?</p> <p>8 A I don't know.</p> <p>9 MR. KING: Okay. That's all the questions. Ms.</p> <p>10 Hetland, thank you very much for your time today.</p> <p>11 THE WITNESS: Thank you.</p> <p>12 MR. MORAN: Does anybody else have any questions?</p> <p>13 MR. TAAFFE: No questions from the U.S.</p> <p>14 Attorney's Office.</p> <p>15 (Whereupon, the deposition was concluded at 3:56</p> <p>16 p.m.)</p> <p>17 -----</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p>  |
| <p>59</p> <p>1 United States?</p> <p>2 A I don't know for sure.</p> <p>3 Q Does he speak with an accent?</p> <p>4 A When he was here he did not.</p> <p>5 Q And what -- does Dr. Hussain speak with an</p> <p>6 accent?</p> <p>7 A Yes.</p> <p>8 Q And did you know anything about what religion he</p> <p>9 is?</p> <p>10 A No.</p> <p>11 Q What about his race? What would you say, if</p> <p>12 anything, about what his race is?</p> <p>13 MR. TAAFFE: This is Damon Taaffe with the U.S.</p> <p>14 Attorney's Office. I'm going to object to this line of</p> <p>15 questioning, because there is no discrimination claim</p> <p>16 in this lawsuit. Therefore, in my view, any questions</p> <p>17 about religion or national origin or race are not</p> <p>18 relevant to the issues in this lawsuit, and they are</p> <p>19 vexatious. That's the end of my objection.</p> <p>20 MR. KING: You can answer, ma'am.</p> <p>21 THE WITNESS: I'm sorry, what was your question?</p>  | <p>61</p> <p>1 CERTIFICATE OF REPORTER</p> <p>2</p> <p>3 I, Lisa Weissmann, Court Reporter and Notary</p> <p>4 Public, do hereby certify that I was authorized to and</p> <p>5 did stenographically report the deposition of Kimberly</p> <p>6 Hetland; that a review of the transcript was not</p> <p>7 requested; and that the foregoing transcript is a true</p> <p>8 record of my stenographic notes.</p> <p>9</p> <p>10 I FURTHER CERTIFY that I am not a relative,</p> <p>11 employee, attorney or counsel of any of the parties,</p> <p>12 nor am I a relative or employee of any of the parties'</p> <p>13 attorney or counsel connected with the action, nor am I</p> <p>14 financially interested in the action.</p> <p>15</p> <p>16 DATED this 20th day of July, 2016.</p> <p>17</p> <p>18 _____</p> <p>19 Lisa Weissmann, Court Reporter</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

17

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|--------------------|-------------------|--------------------|--------------------|--------------------|
| <u>1</u>           | 40:12,19          | <b>8th</b> 47:2    | 50:17              | 47:13              |
| <b>1</b> 4:8,14    | 45:21             |                    | 51:6,9,11          | 49:11              |
| 27:20,21           | 47:2,11,1         | <u>9</u>           | 52:15,18           | <b>angles</b> 8:8  |
| 28:13              | 3 53:10           | <b>9</b> 29:9      | <b>AFFAIRS</b> 1:6 | <b>Anne</b> 49:15  |
| 38:12              | 54:16             |                    | <b>affected</b>    | <b>answer</b> 5:9  |
| 41:13              | <b>2015</b> 29:9  | <u>A</u>           | 54:18              | 29:13              |
| <b>12</b> 17:2     | 54:16             | <b>ability</b>     | <b>affiliation</b> | 39:6 41:2          |
| <b>1225</b> 2:5    | <b>2016</b> 1:9   | 54:19              | 26:18              | 42:8               |
| <b>12th</b> 47:2   | 61:16             | <b>ablation</b>    | 29:12              | 43:13              |
| <b>13</b> 1:9 6:14 | <b>202</b> 2:8,16 | 8:16               | 38:11,18           | 48:8               |
| 17:2               | <b>20530</b> 2:15 | <b>able</b> 22:19  | 39:1,7             | 52:16              |
| <b>13th</b>        | <b>20th</b> 61:16 | 25:14              | <b>afterwards</b>  | 54:10              |
| 38:6,20            | <b>2251</b> 3:4   | 32:18              | 31:3               | 59:20              |
| <b>14-1798</b> 1:3 | 5:17              | 54:10              | <b>ahead</b> 5:12  | <b>anybody</b>     |
| <b>17th</b>        | <b>22nd</b> 40:5  | <b>absolutely</b>  | 38:16              | 42:17              |
| 38:6,20            | <b>23</b> 4:10,14 | 42:7               | 54:13              | 60:12              |
| <b>18th</b> 40:5   | <b>252-2568</b>   | 43:15              | <b>a-i</b> 16:17   | <b>anymore</b>     |
|                    | 2:16              | 46:7 56:6          | <b>align</b> 10:18 | 29:19,20           |
| <u>2</u>           |                   | <b>accent</b>      |                    | 30:4,11            |
| <b>2</b> 4:12,14   | <u>3</u>          | 59:3,6             | <b>allied</b>      | <b>anyone</b>      |
| 28:3,5,13          | <b>3</b> 4:10     | <b>accountable</b> | 21:10              | 18:13              |
| ,15 38:12          | 10:17             | 20:1,7             | 22:20              | <b>anything</b>    |
| 41:11              | <b>3:56</b> 60:15 | <b>accredited</b>  | 23:4               | 9:17 32:6          |
| 43:8 44:3          | <b>361-2000</b>   | 24:21              | <b>allowed</b>     | 43:10,16,          |
| 47:18              | 3:6               | <b>accurately</b>  | 51:5               | 20,21              |
| 48:3               | <b>3748</b> 6:3   | 19:3               | <b>already</b>     | 45:1 55:8          |
| 50:12              |                   | 54:11              | 29:10              | 58:11              |
| <b>2:06</b> 1:13   |                   | <b>action</b> 1:2  | 40:10              | 59:8,12            |
| <b>2000</b> 39:20  | <u>4</u>          | 27:1               | 44:21              | <b>anywhere</b>    |
| <b>20005</b> 2:7   | <b>4</b> 4:4      | 61:13,14           | <b>am</b> 6:7 22:3 | 41:19              |
| <b>2004</b>        |                   | <b>actually</b>    | 23:13              | <b>apologize</b>   |
| 56:17,19,          | <u>5</u>          | 7:21 8:5           | 34:12              | 5:21               |
| 20                 | <b>51</b> 4:5     | 10:7,12            | 35:20              | <b>appeared</b>    |
| <b>2009</b> 17:5   | <b>54501</b> 3:5  | 11:6               | 36:3               | 26:3               |
| <b>2011</b>        | 5:19 6:5          | 13:6,7             | 42:13              | <b>appears</b>     |
| 19:11,17           | <b>555</b> 2:14   | 16:17              | 61:10,12,          | 15:16              |
| 37:20              |                   | 18:8               | 13                 | <b>application</b> |
| 38:3,20            | <u>7</u>          | 21:4,7             | <b>America</b>     | 55:2,3             |
| 39:20              | <b>715</b> 3:6    | 38:19              | 36:4,10            | <b>applying</b>    |
| 40:1,3             | <b>779-9711</b>   | 54:4               | <b>amount</b>      | 29:17              |
| 54:16              | 2:8               | 56:11              | 11:17              | <b>appreciativ</b> |
| 58:8               |                   | <b>address</b>     | <b>amounts</b>     | <b>e</b> 55:13     |
| <b>2013</b> 29:16  | <u>8</u>          | 5:16,20,2          | 10:3,5             | <b>approach</b>    |
|                    |                   | 1 6:1,3            | <b>Anderson</b>    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

18

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| 31:2               | 21:15              | <b>away</b> 12:8   | <b>better</b> 9:4  | <b>cancer</b>      |
| <b>appropriate</b> | <b>associate</b>   | 57:20              | <b>bit</b> 52:2    | 6:7,13,17          |
| 45:5               | 21:5               | <hr/>              | <b>blocking</b>    | 7:4,7              |
| <b>appropriate</b> | 51:19              | B                  | 11:11              | 20:4 21:1          |
| <b>ly</b>          | <b>associates</b>  | <b>bad</b> 33:13   | <b>body</b> 8:12   | 23:8,17            |
| 44:9,18,2          | 20:3,19            | 35:13,15,          | 45:17              | 24:5,21            |
| 1 45:3,7           | 22:13              | 17                 | <b>bones</b> 11:14 | 25:3               |
| <b>approved</b>    | 24:13              | <b>bank</b> 57:13  | <b>born</b> 36:10  | <b>capital</b>     |
| 13:20              | 31:2,6             | <b>barrier</b>     | 58:21              | 16:15,21           |
| 26:15              | 32:5               | 33:12              | <b>bread</b> 12:4  | 20:7               |
| 29:11              | 42:16              | 36:12,14,          | <b>break</b> 33:9  | <b>capture</b>     |
| <b>approximate</b> | 56:1               | 19 37:8            | <b>breakers</b>    | 19:3               |
| <b>ly</b> 56:15    | <b>assume</b> 39:4 | <b>barriers</b>    | 51:16              | <b>care</b> 7:6,10 |
| <b>April</b>       | <b>assurance</b>   | 31:5               | <b>brief</b> 46:15 | 31:2 33:8          |
| 47:1,2             | 13:1,3             | <b>based</b> 22:12 | <b>brought</b>     | 34:5               |
| <b>arc</b> 8:9     | <b>attached</b>    | 23:5 29:7          | 52:14              | 35:12              |
| <b>area</b> 8:18   | 7:7                | 30:21              | <b>Brown</b> 28:21 | 43:10              |
| 14:4               | <b>attack</b>      | 50:21              | 29:2 41:4          | 46:6               |
| 55:15,17           | 56:13              | <b>basic</b> 5:12  | 55:4               | 50:20              |
| <b>ARIA</b>        | <b>attorney</b>    | <b>basically</b>   | <b>Brown's</b>     | 58:5,9             |
| 16:4,20            | 2:13               | 12:2               | 55:5               | <b>carriers</b>    |
| 17:2,15,1          | 61:11,13           | 13:2,4,5,          | <b>budget</b> 20:7 | 57:10              |
| 6 19:10            | <b>Attorney's</b>  | 15                 | 24:14              | <b>case</b> 5:11   |
| 20:14              | 59:14              | 14:17,18           | <b>building</b>    | 9:21 20:9          |
| 39:15              | 60:14              | 20:1               | 31:1               | 34:8               |
| <b>A-R-I-A</b>     | <b>authorized</b>  | <b>beam</b> 10:14  | 32:16              | 41:15              |
| 16:19              | 61:4               | 11:13              | 33:17              | 46:8 54:1          |
| <b>Ascension</b>   | <b>automatical</b> | 13:6               | 34:10              | <b>category</b>    |
| 6:10               | <b>ly</b> 15:13    | <b>Beck</b> 6:17   | 50:20              | 22:20              |
| <b>Ascention</b>   | <b>availabilit</b> | 7:4                | 51:2,3,14          | 60:7               |
| 58:7               | <b>y</b> 43:9      | <b>beginning</b>   | <b>business</b>    | <b>Catholic</b>    |
| <b>aside</b> 10:15 | <b>average</b>     | 1:13 17:9          | 50:11              | 36:3,7             |
| <b>aspect</b>      | 43:9,11,1          | 54:5               | <b>bylaws</b>      | <b>Cattail</b>     |
| 55:12              | 4,18,20,2          | <b>behalf</b> 1:14 | 22:1,5             | 20:16              |
| <b>assignment</b>  | 1 50:13            | <b>behind</b>      | <hr/>              | <b>Cattails</b>    |
| 37:20              | 51:7               | 27:17              | C                  | 16:13              |
| 38:6,11            | <b>avoid</b> 41:2  | <b>believe</b>     | <b>C110</b> 2:6    | 17:4,15            |
| 39:9,19            | <b>aware</b> 19:14 | 27:13,14           | <b>calculation</b> | 20:15              |
| 40:12              | 22:4               | 49:20              | s 10:13            | 39:14              |
| 46:21              | 46:21              | <b>belive</b>      | <b>campus</b>      | <b>C-a-t-t-a-</b>  |
| <b>assimilates</b> | 47:2               | 28:10              | 23:12              | <b>i-l-s</b>       |
| 13:4               | 51:12              | <b>best</b> 8:9    |                    | 16:17              |
| <b>assisting</b>   | 54:14,20           |                    |                    | <b>C-a-t-t-i-</b>  |
|                    |                    |                    |                    | <b>a-l-s</b>       |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

19

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| 16:15,16           | 12:11,13           | coming 34:6        | 15                 | 55:14              |
| <b>Caucasian</b>   | <b>chemotherap</b> | <b>comments</b>    | <b>concerns</b>    | <b>consults</b>    |
| 35:20              | <b>y</b> 23:21     | 44:2,3             | 31:20              | 8:2 16:12          |
| 36:1               | 24:2               | <b>Commission</b>  | 32:8,11,1          | <b>CONT</b> 3:1    |
| 58:18              | <b>choose</b>      | 24:21              | 4 33:5             | <b>continued</b>   |
| 60:5               | 51:21              | <b>committee</b>   | 42:2,3             | 29:16              |
| <b>cause</b>       | <b>Civil</b> 1:2   | 49:2               | 45:13              | 41:10              |
| 8:15,16            | <b>claim</b> 59:15 | <b>committees</b>  | 51:14              | <b>control</b>     |
| 32:21              | <b>claims</b> 57:2 | 47:14              | 55:9               | 50:7               |
| <b>center</b> 6:17 | <b>clearing</b>    | 48:17              | <b>concluded</b>   | <b>conversatio</b> |
| 7:3,4,7            | 57:15              | <b>common</b>      | 60:15              | <b>ns</b> 41:8     |
| 23:17              | <b>click</b> 15:16 | 39:13              | <b>condition</b>   | <b>coordinator</b> |
| 25:3               | <b>clicking</b>    | <b>communicate</b> | 54:9,18            | 29:1               |
| <b>certain</b> 8:3 | 18:20              | 47:6               | <b>confidence</b>  | <b>copies</b>      |
| 27:16              | <b>clinical</b>    | <b>communicati</b> | 31:1               | 15:13              |
| 49:5               | 26:6               | <b>ng</b> 47:4     | 32:17              | <b>copy</b> 14:19  |
| <b>Certificate</b> | 47:19              | <b>comp</b>        | 33:7,14,1          | 15:8,11            |
| 4:5 61:1           | 53:13              | 47:4,7,8           | 7 34:4,11          | 18:21              |
| <b>certified</b>   | <b>close</b> 12:7  | <b>complaints</b>  | 35:11              | 25:12              |
| 20:16              | <b>closely</b>     | 57:7               | 36:21              | 41:20              |
| 23:14              | 25:8               | <b>complex</b>     | 37:11              | <b>cord</b> 8:15   |
| <b>certify</b>     | <b>cohesivenes</b> | 14:10              | 45:19              | <b>corner</b>      |
| 61:4,10            | <b>s</b> 34:1      | <b>component</b>   | 50:20              | 26:5,7             |
| <b>cetera</b> 23:1 | <b>collaborate</b> | 10:11              | 51:2,3             | <b>correct</b>     |
| 47:5               | 25:9               | 12:20              | <b>configure</b>   | 7:11 9:11          |
| <b>chairman</b>    | <b>collaborati</b> | 23:16              | 9:15               | 10:6,21            |
| 48:19              | <b>on</b> 12:16    | 34:13              | <b>configuring</b> | 11:1               |
| 49:1               | <b>column</b>      | 37:2,5             | 9:12               | 15:21              |
| <b>change</b>      | 26:14,15           | <b>components</b>  | <b>confirm</b>     | 16:9,21            |
| 35:16              | <b>columns</b>     | 12:10,18           | 25:17              | 19:5,11,1          |
| <b>changed</b>     | 41:13              | 25:2               | <b>connected</b>   | 2 21:8             |
| 34:19              | <b>combination</b> | <b>computer</b>    | 61:13              | 22:14,16,          |
| 36:8               | 6:15               | 10:16              | <b>connecting</b>  | 17 23:5,6          |
| <b>chart</b> 26:13 | <b>combination</b> | 18:5               | 31:1               | 24:2,6             |
| <b>charting</b>    | <b>s</b> 9:1       | <b>computers</b>   | 32:16              | 34:12,15,          |
| 16:3,8,10          | <b>comes</b> 13:17 | 10:12              | 33:1,5,11          | 20 40:4,8          |
| <b>check</b>       | 14:1               | <b>concern</b>     | ,13 36:21          | 41:14              |
| 10:14,16,          | 20:12              | 31:17              | 51:1,14            | 48:4               |
| 20 12:16           | 24:5               | 33:1               | <b>connection</b>  | 51:20              |
| <b>checking</b>    | <b>comfort</b>     | 34:14,17           | 34:4               | 52:10              |
| 9:7                | 46:5               | <b>concerned</b>   | <b>consider</b>    | 53:6,16            |
| <b>checks</b> 9:20 |                    | 40:10,13,          | 9:19               | 58:10              |
| 10:10              |                    |                    | <b>considering</b> | <b>corrections</b> |
|                    |                    |                    |                    | 11:12,15           |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

20

|  |  |   |  |   |
|--|--|---|--|---|
| <b>corrective</b><br>27:1                                  | <b>data</b> 13:18<br>57:13                 | 56:4  | 14:6 18:9<br>20:20   | 2   |
| <b>counsel</b><br>1:12 4:2<br>5:2,5<br>61:11,13            | <b>date</b> 26:18<br>29:10<br>39:1 47:5    | <b>depending</b><br>11:12<br>32:2   | 26:19<br>29:17<br>37:14,15   | <b>distributio</b><br><b>n</b> 12:1,2   |
| <b>Court</b><br>61:3,19                                    | <b>dated</b> 29:8<br>61:16                 | <b>deposition</b><br>1:10<br>60:15<br>61:5  | 46:1,2<br>52:2 53:2<br>54:1 56:1                                     | <b>divert</b> 41:3  |
| <b>coverage</b><br>9:2                                     | <b>dates</b> 29:12<br>38:11,18,<br>21 39:7 | <b>depositions</b><br>5:7   | <b>difficult</b><br>37:10<br>55:19,21                                | <b>doctor</b><br>20:20<br>39:10<br>42:11  |
| <b>covering</b><br>38:9<br>39:10<br>44:7,10,1<br>7,21 56:9 | <b>day</b> 21:5<br>39:15,16<br>61:16       | <b>depths</b><br>11:12  | <b>difficultly</b><br>50:19  | <b>doctors</b><br>21:2 23:3   |
| <b>create</b><br>13:15<br>15:12,14,<br>17,18<br>18:18      | <b>day-to-day</b><br>20:1,8                | <b>describe</b><br>17:18<br>25:15<br>30:8   | <b>difficulty</b><br>31:1<br>32:16<br>33:1,5,10<br>,15 36:21<br>51:1 | <b>doctor's</b><br>9:16   |
| <b>creates</b><br>13:15<br>15:15                           | <b>deal</b> 51:15<br>53:18                 | <b>description</b><br>7:13,17<br>17:9<br>22:12<br>26:13<br>31:21                  | <b>dire</b> 44:19  | <b>document</b><br>25:18,21<br>27:10,15<br>28:9,11,1<br>2,18<br>41:11   |
| <b>credentiale</b><br><b>d</b> 48:12                       | <b>dealing</b><br>52:20,21                 | <b>desk</b> 20:5  | <b>directly</b><br>47:8  | <b>documents</b><br>12:20<br>19:5<br>25:11,12<br>27:11  |
| <b>credentiali</b><br><b>ng</b><br>29:2,4,18               | <b>December</b><br>23:10                   | <b>details</b><br>31:20,21<br>32:15,18<br>34:13,15<br>37:18<br>40:16<br>43:3 46:9 | <b>director</b><br>6:7,13<br>23:8<br>24:11,17<br>49:18               | <b>done</b> 5:7<br>18:19<br>20:16   |
| <b>credentials</b><br>49:1                                 | <b>decision</b><br>34:1 43:5               | <b>detation</b><br>38:9   | <b>directors</b><br>25:7 48:1  | <b>dose</b><br>8:10,11,1<br>8<br>12:2,7,8,<br>9<br>13:17,20<br>18:1,3<br>21:5   |
| <b>critical</b><br>8:11,12,1<br>9 9:3                      | <b>deemed</b><br>10:4,5                    | <b>determine</b><br>14:1<br>18:17<br>45:6   | <b>disagreemen</b><br><b>t</b> 42:19                                 | <b>dosimetrist</b><br>6:16,18,2<br>0,21<br>7:19,21<br>8:4,20<br>9:6,8,21<br>11:4<br>13:2,11,1<br>5 14:15<br>18:17<br>19:4 |
| <b>CT</b> 8:5 12:3<br>18:1,3,17                            | <b>Defendant</b><br>1:7 2:11               | <b>develop</b><br>33:15   | <b>disciplinar</b><br><b>y</b> 27:1                                  |   |
| <b>current</b><br>7:14 23:7                                | <b>definition</b><br>21:13                 | <b>developing</b><br>24:20  | <b>discipline</b><br>51:18   |   |
| <b>cut</b> 18:18   | <b>delayed</b><br>44:6,16                  | <b>died</b><br>56:13,20   | <b>discriminat</b><br><b>ion</b> 59:15                               |   |
| <hr/> <b>D</b> <hr/>                                       | <b>deliver</b><br>8:17,18<br>10:7<br>13:17 | <b>different</b><br>8:21 11:8   | <b>discussion</b><br>55:7  |   |
| <b>D.C</b> 2:7,15  | <b>delivers</b><br>8:10 21:5               |   | <b>displayed</b><br>12:3   |   |
| <b>Damon</b> 2:12<br>59:13                                 | <b>denial</b><br>53:14                     |   | <b>dispute</b><br>52:8,11,1  |   |
|  | <b>department</b><br>29:3<br>52:15         |   |  |   |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

21

|   |   |   |   |  |
|---|---|---|---|--|
| 23:13,14<br>32:12<br>44:15<br><b>dosimetrist</b><br><b>s</b> 23:1<br><b>dosimetrist</b><br><b>'s</b><br>17:10,12<br><b>dosimetry</b><br>12:19<br>23:15<br><b>Dr</b> 29:10,15<br>30:19<br>32:10<br>33:4<br>37:21<br>38:19<br>41:1<br>43:4,5<br>45:10<br>46:15<br>47:1<br>49:12<br>50:16<br>55:1,5,10<br>,13<br>56:7,8,21<br>58:13<br>59:5 60:2<br><b>Drive</b> 3:4<br>5:17<br><b>duly</b> 5:3<br><b>during</b> 31:2<br>38:7<br>45:21<br><b>duties</b><br>7:17,18<br><hr/> <b>E</b> <hr/> <b>early</b> 20:21<br>47:11<br><b>easier</b> 42:5<br><b>Eclipse</b><br>18:6 | <b>effect</b> 5:10<br><b>EHR</b> 16:6<br><b>eight</b><br>20:3,19<br>22:13<br><b>either</b> 50:2<br><b>electronic</b><br>16:5<br><b>electrons</b><br>11:10<br><b>else</b> 22:8<br>30:17<br>60:12<br><b>employed</b><br>51:19<br><b>employee</b><br>50:9<br>61:11,12<br><b>employer</b><br>6:8 7:10<br><b>employers</b><br>30:15<br>40:21<br><b>employment</b><br>30:7,9,10<br>,15<br>40:19,20<br>41:16<br><b>energies</b><br>11:8<br><b>energy</b><br>11:10<br><b>ensure</b> 9:17<br><b>entails</b> 8:7<br><b>enter</b><br>13:12,18<br><b>entered</b><br>16:3<br><b>enters</b><br>13:14<br><b>entire</b> | 18:12,13<br><b>entry</b> 5:12<br><b>Esquire</b><br>2:3,12<br>3:3<br><b>essentially</b><br>14:3<br>15:13<br>17:20<br>18:2,15<br>20:2<br>23:16,21<br>46:3<br>53:7,14<br><b>establish</b><br>33:21<br>37:11<br><b>established</b><br>35:1 46:6<br><b>establishin</b><br><b>g</b><br>33:15,17<br><b>et</b> 23:1<br>47:5<br><b>etcetera</b><br>30:15<br><b>evaluation</b><br>42:9 43:7<br><b>everybody</b><br>56:5<br><b>exact</b> 21:12<br><b>exactly</b><br>21:20<br>31:15,16<br>46:12<br><b>examination</b><br>1:12 4:2<br>5:2,5<br><b>examined</b><br>5:4<br><b>example</b><br>8:14<br>34:17 | <b>except</b><br>48:10<br><b>exhibit</b><br>4:8,12<br>25:13<br>27:20,21<br>28:3,5,13<br>38:12<br>41:11<br>43:8<br>47:18<br>48:3<br>50:12<br><b>Exhibits</b><br>4:16<br><b>exist</b> 27:10<br><b>existence</b><br>22:9<br><b>existing</b><br>35:3<br><b>exits</b> 46:19<br>57:20<br><b>expanded</b><br>24:18<br><b>experience</b><br>30:21<br><b>expertise</b><br>42:13<br><b>explain</b><br>42:2 52:5<br><b>explained</b><br>23:5<br><b>Eye</b> 2:5<br><hr/> <b>F</b> <hr/> <b>facilities</b><br>29:17<br><b>facility</b><br>26:12<br>27:5<br><b>fact</b> 35:7<br>41:16<br>51:1 | 52:19<br>55:14<br><b>fail</b> 14:2<br><b>failed</b><br>12:15<br><b>fails</b> 13:21<br><b>fair</b> 31:19<br>32:9 33:3<br>53:16<br><b>familiar</b><br>21:10,18,<br>21 26:15<br>60:4<br><b>Faust</b> 6:4<br><b>February</b><br>56:20<br><b>federal</b><br>57:12<br><b>feel</b> 34:4<br><b>feelings</b><br>54:2<br><b>felt</b> 32:13<br><b>field</b><br>11:7,9,20<br>14:13<br><b>fields</b> 8:9<br>11:19,20,<br>21 14:10<br><b>figure</b><br>10:13<br>41:21<br>45:14<br>53:1<br><b>figuring</b><br>8:7,9<br><b>files</b> 30:5<br><b>fill</b> 30:2<br>41:4,10<br>42:1<br>47:21<br>48:1,2,6,<br>10 |
|---|---|---|---|--|

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

22

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| 55:18,20           | 46:7               | 21:12,18           | 21:10              | 21:15              |
| <b>filled</b>      | <b>fourth</b> 2:14 | 26:14              | 22:20              | 22:1,5             |
| 27:13              | 46:21              | 27:3 28:7          | 23:4 47:4          | 26:6               |
| 30:4               | <b>Franklin</b>    | 38:4               | 50:9               | 27:14              |
| 53:15,20           | 2:4                | 39:4,20            | 58:5,9             | 39:3               |
| 54:16              | <b>front</b> 20:5  | 42:7               | <b>Healthcare</b>  | 46:11              |
| <b>filling</b>     | 27:5               | 43:19              | 6:9 25:6           | 47:1,15,1          |
| 6:15               | <b>frustrated</b>  | 51:8               | 58:7               | 8,20 49:6          |
| 47:17              | 43:4               | 53:20              | <b>heard</b> 21:19 | 51:13              |
| <b>financially</b> | <b>full</b> 12:8   | 54:5,16            | 22:7               | 53:12              |
| 61:14              | <b>full-time</b>   | 58:4               | <b>hearth</b>      | 55:2               |
| <b>fine</b> 54:5   | 38:8               | <b>guidelines</b>  | 56:13              | 58:3,4             |
| <b>finger</b>      | <b>future</b> 52:1 | 34:3               | <b>heavily</b>     | <b>hospitals</b>   |
| 37:10              |                    | <hr/> H <hr/>      | 14:11              | 40:21              |
| <b>fire</b> 51:17  | <hr/> G <hr/>      | <b>half</b> 23:18  | <b>held</b> 26:11  | <b>hot</b> 14:7    |
| <b>first</b> 5:3   | <b>gaining</b>     | <b>hallway</b>     | 27:4               | <b>house</b>       |
| 26:10,17           | 33:7               | 43:5               | <b>hereby</b> 61:4 | 47:7,8             |
| 28:3,7,20          | 36:21              | 57:19              | <b>hers</b> 29:8   | 57:15              |
| 37:20,21           | <b>gaps</b> 55:20  | <b>hand</b> 25:12  | <b>he's</b> 39:9   | <b>housed</b> 16:5 |
| 38:2,6,11          | <b>general</b>     | 26:5,7             | 58:18              | <b>human</b> 51:20 |
| 39:9,15            | 33:21              | <b>hand-in-</b>    | <b>Hetland</b>     | <b>Hussain</b> 1:2 |
| 43:8               | <b>generally</b>   | <b>hand</b> 8:1    | 5:7,14,15          | 3:18               |
| <b>floor</b> 49:18 | 7:17               | <b>handled</b>     | 60:10              | 26:10              |
| <b>fluence</b>     | 21:16              | 52:9               | 61:6               | 29:10              |
| 13:19              | 31:14,16           | <b>happened</b>    | <b>H-e-t-l-a-</b>  | 30:20              |
| <b>flush</b> 52:16 | <b>generated</b>   | 32:21              | <b>n-d</b> 5:15    | 32:10              |
| <b>focus</b> 33:16 | 18:4 29:9          | 33:19              | <b>HETLAND</b>     | 33:4               |
| <b>follow-on</b>   | <b>generates</b>   | 53:8               | 1:11 4:4           | 37:21              |
| 44:4               | 12:21              | <b>happens</b>     | 5:1                | 38:19              |
| <b>follow-ups</b>  | <b>given</b> 5:8,9 | 51:13              | <b>Hilt</b> 49:14  | 41:1 43:5          |
| 16:12              | 51:8               | <b>hard</b> 37:6,7 | <b>hire</b> 52:4   | 45:10              |
| <b>foregoing</b>   | 52:17              | 55:14              | 53:5,11,1          | 46:16              |
| 61:7               | <b>Goldson</b>     | <b>haven't</b>     | 8                  | 47:1               |
| <b>form</b> 30:1   | 56:7,8             | 53:10              | <b>hired</b> 30:2  | 49:12              |
| 41:18              | <b>gone</b> 46:4   | <b>having</b> 5:3  | 56:11              | 50:16              |
| 42:1 43:7          | <b>gotten</b>      | 34:1               | <b>hiring</b> 52:5 | 55:6,10,1          |
| 53:21              | 40:18              | 42:10              | <b>Holly</b> 47:13 | 3 56:21            |
| 54:17              | <b>great</b> 9:2   | 44:20              | <b>home</b> 6:3    | 58:14              |
| <b>formal</b>      | <b>group</b> 2:4   | 47:3               | <b>hospital</b>    | 59:5               |
| 20:15              | 26:4               | <b>head</b> 5:10   | 3:2                | <b>Hussain's</b>   |
| <b>forms</b> 53:13 | <b>guess</b>       | 38:5               | 4:9,13             | 29:15              |
| <b>forward</b>     |                    | <b>health</b> 6:10 | 7:8,9              | 55:1 60:2          |
|                    |                    | 7:6,10             |                    | <hr/> I <hr/>      |
|                    |                    |                    |                    | <b>I'd</b> 25:3    |
|                    |                    |                    |                    | <b>idea</b> 48:18  |



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

23

|                       |                    |                    |                    |                    |
|-----------------------|--------------------|--------------------|--------------------|--------------------|
| 58:20                 | 20:4               | 29:6               | 21 56:3            | 61:16              |
| <b>identification</b> | 22:21              | <b>interested</b>  | 57:15              | <b>jumped</b>      |
| 28:1,6                | 24:19              | 61:14              | 58:9 60:5          | 39:17              |
| <b>identified</b>     | <b>indecision</b>  | <b>involves</b>    | <b>I've</b> 21:19  | <b>June</b> 1:9    |
| 27:7                  | 34:2               | 52:8               | 22:7               | 38:3,6,20          |
| 28:17                 | <b>independent</b> | <b>isodose</b>     | 23:15              |                    |
| <b>identify</b>       | 10:14,16,          | 12:1,2             | 27:5               | <hr/> K <hr/>      |
| 25:13                 | 20 12:16           | <b>isotope</b>     | 48:10              | <b>Karen</b>       |
| <b>I'll</b> 24:19     | <b>indicate</b>    | 13:19              | 53:15,20           | 50:4,5,6           |
| 31:7                  | 39:2 45:2          | <b>issue</b> 35:5  | <hr/> J <hr/>      | <b>Kathy</b> 50:8  |
| 46:16                 | <b>indicated</b>   | 36:13              | <b>James</b> 6:17  | <b>kidney</b> 8:16 |
| 57:19                 | 43:14              | 37:9 52:3          | 7:4                | <b>kidneys</b>     |
| <b>Im</b> 28:2        | <b>individual</b>  | <b>issues</b> 35:8 | <b>January</b>     | 8:16               |
| <b>I'm</b> 20:1,6     | 11:7               | 50:17              | 29:9               | <b>Kimberly</b>    |
| 21:18                 | <b>individuals</b> | 51:18              | 56:19              | 5:14 61:5          |
| 23:11,14,             | 51:15              | 57:5,9,12          | <b>Jean</b>        | <b>K-i-m-b-e-</b>  |
| 16                    | <b>infection</b>   | 59:18              | 49:19,20           | <b>r-l-y</b>       |
| 25:1,2,8,             | 50:7               | <b>It'll</b> 11:11 | <b>Jenny</b> 28:21 | 5:15               |
| 15,18                 | <b>inference</b>   | <b>it's</b>        | 29:2,21            | <b>KIMBERLY</b>    |
| 26:17                 | 43:19              | 5:11,17            | 30:18              | 1:11 4:4           |
| 27:16,19              | <b>info</b> 43:18  | 6:3 7:4            | 39:6               | 5:1                |
| 28:12,15              | <b>information</b> | 8:4,21             | 41:4,6,19          | <b>King</b> 2:3    |
| 36:8,20               | 13:12,14           | 10:1,4             | 48:2               | 4:16 5:6           |
| 37:2                  | 15:9               | 11:13,14           | 55:4,5             | 46:18,19,          |
| 38:16                 | <b>initial</b>     | 12:12,19           | <b>Jensen</b> 50:8 | 20                 |
| 41:9,19,2             | 55:1               | 13:1,7,20          | <b>Jerry</b> 28:21 | 57:20,21           |
| 1 42:12               | <b>installed</b>   | 15:2,11            | <b>job</b>         | 59:20              |
| 45:12,13              | 17:4               | 16:5,17            | 7:12,13,1          | 60:1,9             |
| 46:13,14              | <b>instead</b>     | 17:16,19           | 6 8:4,16           | <b>knowledge</b>   |
| 49:5                  | 23:17              | 18:6               | 9:5 17:12          | 50:14,17           |
| 51:12                 | <b>institution</b> | 21:14              | 19:3               | 51:6               |
| 52:16,21              | 24:3 58:5          | 22:9               | 23:9,10            | <hr/> L <hr/>      |
| 54:13,14,             | <b>institution</b> | 23:21              | 31:12              | <b>lack</b> 35:11  |
| 20 57:18              | s 30:14            | 24:2,7,18          | 56:5               | <b>Lake</b> 6:4    |
| 59:14,21              | <b>instruction</b> | 26:19              | <b>Julie</b>       | <b>language</b>    |
| 60:4                  | s 5:8,9            | 27:8               | 31:8,10            | 31:4               |
| <b>image</b> 12:5     | <b>insurance</b>   | 29:18              | 32:7,11            | 33:12              |
| <b>images</b> 8:5     | 57:10              | 33:13              | 33:5               | 36:12,14,          |
| 18:1,3,9              | <b>intensity</b>   | 37:10              | 35:21              | 17,18              |
| <b>imagined</b>       | 12:12              | 42:5,9             | 36:6               | 37:8               |
| 39:13                 | <b>interaction</b> | 47:13              | 42:16,17           | <b>last</b> 6:14   |
| <b>impinging</b>      |                    | 50:14              | <b>Julie's</b>     | 27:12              |
| 9:2                   |                    | 52:8               | 55:9               |                    |
| <b>include</b>        |                    | 53:16              | <b>July</b> 40:3,9 |                    |
|                       |                    | 54:5               |                    |                    |
|                       |                    | 55:14,16,          |                    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

24

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| 29:15              | 51:20              | 45:17              | 1:5                | 22:7               |
| 40:18              | 52:1 53:4          | 46:11              | <b>MD</b> 16:15    | <b>members</b>     |
| 45:21              | 55:18              | <b>manager</b>     | 20:15              | 22:21              |
| <b>Law</b> 2:4     | 56:1               | 6:16,19            | <b>MDs</b> 23:3    | <b>memory</b>      |
| <b>lawsuit</b>     | <b>locums</b>      | 7:19               | <b>mean</b> 14:7   | 37:19              |
| 59:16,18           | 20:9,11            | 19:20,21           | 20:6               | 54:19              |
| <b>least</b> 17:2  | 30:3               | 24:12              | 24:11              | 58:13              |
| 51:7               | 34:6,7             | 50:2               | 33:10              | <b>mentioned</b>   |
| <b>less</b> 12:9   | 39:12              | <b>manner</b>      | 38:4,5             | 7:2 17:12          |
| <b>let's</b> 19:19 | 46:1,2             | 51:17              | 39:7 51:5          | 20:19              |
| 27:18              | 47:5               | <b>mapping</b>     | 52:3,11            | 35:12              |
| 31:9               | 48:13              | 13:19              | <b>means</b> 21:20 | 36:12              |
| 33:9,16            | 52:21              | <b>March</b> 29:15 | <b>Medicaid</b>    | 40:18              |
| 37:17              | 53:18              | 40:12              | 57:4               | 52:10,19           |
| 40:17              | <b>logo</b> 26:5   | <b>mark</b> 27:19  | <b>medical</b>     | 53:4               |
| 43:18              | <b>long</b> 6:11   | 28:3               | 6:16,18            | <b>messages</b>    |
| 50:12              | 17:1               | <b>marked</b>      | 8:4                | 29:16              |
| <b>letter</b> 30:4 | <b>longer</b>      | 27:21              | 9:5,7,8,1          | <b>met</b> 38:1    |
| <b>letters</b>     | 23:13,14           | 28:5               | 0,11 11:3          | 39:10              |
| 29:17              | <b>lot</b> 34:7    | 43:20,21           | 13:8               | <b>mind</b> 7:18   |
| <b>level</b> 46:5  | <b>lung</b> 11:14  | 50:13              | 15:20,21           | <b>mine</b> 9:16   |
| <b>line</b> 12:6   | <b>Lutheran</b>    | <b>marketing</b>   | 16:1,2             | <b>Ministry</b>    |
| 13:19              | 36:8               | 25:1               | 17:7 20:4          | 3:2 6:9            |
| 59:14              | <hr/>              | <b>marking</b>     | 22:1,6             | 7:6,7,9            |
| <b>lines</b> 12:6  | M                  | 28:15              | 23:10,12,          | 25:6               |
| 24:20              | <b>M.D</b> 16:13   | <b>Marsha</b>      | 13,14,15,          | 58:4,5,9           |
| <b>lingo</b> 21:9  | 26:10              | 49:17              | 16,19              | <b>minus</b> 10:17 |
| <b>Lisa</b> 1:13   | <b>ma'am</b> 59:20 | <b>Mary's</b> 3:2  | 24:19              | <b>minuses</b> 9:1 |
| 61:3,19            | <b>machine</b>     | 7:8 16:5           | 28:21              | <b>minute</b>      |
| <b>listed</b>      | 9:13,15            | 22:1,4             | 32:12              | 46:15              |
| 26:11              | 10:4               | 23:12              | 34:16              | <b>Mm-hmm</b>      |
| 27:4               | 11:17              | 29:3 58:4          | 42:14,20           | 17:11              |
| <b>little</b> 14:7 | 12:13              | <b>matches</b>     | 44:15              | 19:1               |
| 52:2 53:1          | 13:6,16            | 13:9               | 48:1,19            | 50:15              |
| <b>Litzen</b>      | 21:7               | <b>Matt</b> 3:3    | 49:4               | 51:4 53:3          |
| 50:10              | <b>mails</b> 41:3  | <b>maybe</b>       | 50:14,17           | <b>mock</b> 13:3   |
| <b>live</b> 6:2    | <b>main</b> 25:21  | 9:1,2,3,4          | 51:6               | <b>modified</b>    |
| <b>loaf</b> 12:4   | <b>malpractice</b> | 30:18              | <b>Medicare</b>    | 34:19              |
| <b>locum</b>       | 57:2               | 31:5               | 57:4               | <b>modulated</b>   |
| 20:9,10,1          | <b>managed</b>     | 33:13              | <b>medications</b> | 12:12              |
| 2 29:4             | 51:18              | 37:18              | 54:9,17            | 14:10,12           |
| 35:1 46:4          | <b>management</b>  | 52:5               | <b>meeting</b>     | <b>module</b> 15:2 |
|                    | 19:8 20:6          | 56:19              | 38:1               |                    |
|                    |                    | <b>MCDONALD</b>    | <b>meetings</b>    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

25

|                    |                    |             |                    |                    |
|--------------------|--------------------|-------------|--------------------|--------------------|
| <b>Mohammed</b>    | 53:18              | 6:1,3       | 18 47:14           | 52:18              |
| 1:2 3:18           | <b>north</b> 3:4   | 15:14       | 48:14              | <b>orchestrate</b> |
| 26:10              | 5:17 6:4           | 22:17       | 49:12,15,          | 20:11              |
| <b>Monday</b> 1:9  | 25:2               | 41:12       | 17 53:16           | <b>order</b> 33:19 |
| 39:15              | <b>Notary</b> 5:3  | 47:16       | 54:4,7             | <b>oriented</b>    |
| <b>Monica</b>      | 61:3               | 58:17       | 56:12,15,          | 39:14              |
| 49:14              | <b>notes</b> 11:3  | <b>okay</b> | 18,21              | <b>origin</b>      |
| <b>monitoring</b>  | 17:7               | 6:1,3,18    | 57:12              | 59:17              |
| 11:16              | 26:15              | 7:2,9,16    | 60:9               | <b>originally</b>  |
| <b>months</b> 6:14 | 61:8               | 9:21        | <b>oncologist</b>  | 26:1               |
| <b>Moran</b> 3:3   | <b>nothing</b>     | 10:9,12     | 8:1,2              | <b>outcomes</b>    |
| 60:12              | 22:10,11           | 11:5,9      | 30:3 41:9          | 35:13,15,          |
| <b>mouse</b> 15:12 | 35:14              | 13:11       | 42:12              | 17                 |
| 18:20              | 45:4               | 14:9,14,2   | 45:8               | <b>output</b>      |
| <b>multiple</b>    | 55:11              | 1           | <b>oncologists</b> | 13:10              |
| 11:21              | <b>notice</b> 1:13 | 15:4,8,14   | 21:3,4             | <b>outset</b>      |
| <b>mute</b> 46:14  | <b>noticed</b>     | ,18         | 42:20              | 51:16              |
| <b>myself</b> 25:7 | 38:10              | 16:7,10,1   | 55:20              | <b>outside</b>     |
| 32:12              | <b>notify</b>      | 6           | <b>oncology</b>    | 14:4               |
| <hr/>              | 45:16              | 17:3,6,17   | 6:16,19            | <b>overall</b>     |
| N                  | <b>nurse</b> 20:5  | ,21 18:3    | 7:20               | 31:17              |
| <b>N.W</b> 2:5,14  | 31:13              | 19:2,7,16   | 16:11              | <b>overlook</b>    |
| <b>national</b>    | <b>nurses</b>      | ,19 20:18   | 19:20,21           | 9:17               |
| 57:13              | 22:21              | 21:6,14,2   | 23:11,12,          | <hr/>              |
| 59:17              | <b>nursing</b>     | 1           | 16,19              | P                  |
| <b>nature</b>      | 49:16,18           | 22:12,19    | 24:4,13,1          | <b>p.m</b> 1:13    |
| 42:10              | <hr/>              | 23:3,19     | 9 26:13            | 60:16              |
| 45:13,15           | O                  | 25:5,10,1   | 34:2               | <b>page</b> 4:3,10 |
| <b>nearly</b> 46:1 | <b>object</b>      | 6,19        | <b>ones</b> 43:17  | 26:10,16,          |
| <b>necessary</b>   | 59:14              | 29:5,8,14   | <b>ongoing</b>     | 17,20,21           |
| 10:5               | <b>objection</b>   | 30:6,10     | 29:18              | 27:2,18            |
| <b>neither</b>     | 59:19              | 31:7,9      | <b>operational</b> | 28:3,4,7,          |
| 13:14              | <b>obviously</b>   | 33:9        | 20:7               | 13,15,20           |
| <b>nine</b> 11:21  | 12:14              | 35:19       | <b>operations</b>  | 38:12              |
| <b>nod</b> 5:10    | 13:21              | 36:9        | 20:1,8             | 41:13              |
| <b>Nope</b> 42:5   | 54:2               | 37:4,8      | 24:15              | 44:3               |
| <b>nor</b> 42:13   | <b>office</b> 2:13 | 38:3,10     | <b>opinion</b>     | <b>pages</b> 4:14  |
| 61:12,13           | 45:16              | 39:1,6,18   | 50:18              | 26:1,9             |
| <b>normally</b>    | 46:10,11           | 40:2,17     | 51:6,7             | 27:6,8,9,          |
| 5:7 25:11          | 50:11              | 41:6,12,1   | 52:19              | 15                 |
| 52:9               | 59:14              | 5,21        | 55:5               | 28:2,12            |
|                    | 60:14              | 43:2,7      | 58:13              | <b>paragraph</b>   |
|                    | <b>Oh</b> 5:21     | 44:15,20    | <b>opportunity</b> | 44:13              |
|                    |                    | 45:9        | 50:16              |                    |
|                    |                    | 46:16,17,   | 51:8,10            |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

26

|   |   |  |   |  |
|---|---|--|---|--|
| <b>paralysis</b><br>8:15  | 44:18,21<br>57:1,7  | <b>phone</b> 29:20<br>46:14  | 9:6,16<br>10:11   | <b>practice</b><br>9:14 34:2                         |
| <b>parameters</b><br>10:10  | <b>Paula</b><br>50:1,2  | <b>photons</b><br>11:10  | 11:5,7<br>12:11,17  | <b>praise</b> 42:6                                   |
| <b>particular</b><br>6:11 7:6<br>19:13<br>24:3 35:5   | <b>payment</b><br>57:4  | <b>phrase</b><br>21:9,11<br>30:8   | 13:4,16<br>14:16,17,<br>18,20                                   | <b>predated</b><br>38:11                             |
| <b>particularl<br/>y</b> 55:19  | <b>payments</b><br>57:9   | <b>physical</b><br>54:9,18   | 15:9,12,1<br>5,17,18  | <b>predicted</b><br>13:9                             |
| <b>parties</b><br>1:15<br>61:11,12  | <b>PDF</b> 17:12<br>18:10,19  | <b>physician</b><br>8:5,21<br>16:12<br>18:7 29:4<br>30:13<br>33:14<br>42:14<br>45:18<br>48:17<br>56:11 | 17:8,13,2<br>0<br>18:7,8,12<br>,21 34:18<br>44:7,8,10<br>,17,21 | <b>prefer</b> 7:13                                   |
| <b>passed</b><br>12:15  | <b>PDFs</b> 11:6<br>17:18   | <b>physicians</b><br>21:3,16<br>22:14,18<br>23:3<br>55:15  | <b>planned</b><br>13:9<br>45:3,7                                | <b>prepares</b><br>29:4                              |
| <b>passes</b><br>13:21  | <b>peer</b> 41:9  | <b>physicist</b><br>9:7,10,11<br>10:2,3,20<br>12:17<br>13:13,18  | <b>planning</b><br>10:15<br>12:19<br>18:5                       | <b>prescriptio<br/>n</b> 8:3                         |
| <b>passing</b><br>14:13   | <b>people</b> 16:7<br>51:13,18  | <b>physicists</b><br>13:8 20:4<br>23:1   | <b>plans</b> 8:21   | <b>prescriptio<br/>ns</b> 16:13                      |
| <b>past</b><br>7:14,15<br>14:11<br>41:8<br>48:15  | <b>percent</b><br>10:17   | <b>picture</b><br>20:6   | <b>please</b> 5:13<br>7:16<br>16:14<br>29:1<br>49:10            | <b>present</b><br>1:14<br>2:9,17<br>3:17,19<br>49:9  |
| <b>paste</b> 15:9   | <b>perform</b><br>7:18  | <b>piece</b> 12:1  | <b>plus</b> 10:17   | <b>president</b><br>49:4,6,12                        |
| <b>pasting</b><br>15:11   | <b>performance</b><br>52:13   | <b>pixel</b> 14:7  | <b>pluses</b> 9:1   | <b>pretty</b><br>14:11<br>20:16<br>39:12             |
| <b>patient</b><br>8:2,18<br>9:18<br>10:19<br>11:20<br>12:2<br>13:3,7<br>14:18<br>33:8<br>34:17<br>35:12<br>43:6,10<br>50:20 | <b>perhaps</b><br>25:3  | <b>places</b> 42:7   | <b>point</b><br>40:10,14  | <b>prevent</b><br>54:10                              |
| <b>patients</b><br>31:17<br>34:5<br>35:5,8  | <b>period</b><br>47:12<br>54:15<br>56:10                              | <b>plaintiff</b><br>1:3,12<br>2:2 3:18<br>5:2,5  | <b>position</b><br>6:6,12<br>7:14,15<br>23:7<br>24:12<br>55:17  | <b>previous</b><br>9:18                              |
|   | <b>permit</b> 30:2  |  | <b>positions</b><br>21:15                                       | <b>primarily</b><br>9:5                              |
|   | <b>person</b> 5:8<br>9:12 10:1<br>21:6<br>45:5,19<br>51:17<br>53:5,11 |  | <b>possible</b><br>42:9   | <b>prior</b> 6:14<br>9:20<br>29:11<br>41:15<br>50:18 |
|   | <b>personal</b><br>42:10,15<br>45:13,14                               | <b>plan</b><br>8:6,10,17<br>,20  | <b>Potentially</b><br>37:14                                     | <b>private</b><br>57:10                              |
|   | <b>person's</b><br>42:21<br>52:12                                     |  |   | <b>privilege</b><br>48:9                             |
|   | <b>phantom</b><br>13:3  |  |   | <b>privileged</b><br>48:17                           |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

27

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| <b>privileges</b>  | 32:17              | 41:4               | 45:9               | <b>receiving</b>   |
| 4:9,13             | 34:3               | <b>questions</b>   | <b>ranking</b>     | 12:3               |
| 26:6,11,1          | 39:12              | 5:9 9:8            | 43:10              | <b>recently</b>    |
| 4 27:4,14          | 44:18              | 28:18              | <b>ready</b> 14:18 | 39:21              |
| 29:11              | 47:6,10            | 34:6,7,9           | <b>realize</b>     | <b>recommend</b>   |
| 39:2               | <b>provides</b>    | 54:10              | 39:20              | 30:12,19           |
| 47:18              | 28:14              | 57:18              | <b>really</b> 8:17 | 32:10              |
| 53:13,14           | <b>providing</b>   | 59:16              | 9:2 10:1           | 33:4               |
| 57:15              | 34:5               | 60:9,12,1          | 11:6               | <b>record</b> 5:13 |
| <b>privileging</b> | 50:18              | 3                  | 12:19              | 16:5 61:8          |
| 47:14,20           | <b>Public</b> 5:3  | <b>quick</b> 57:19 | 13:9,18            | <b>records</b>     |
| 48:17              | 61:4               |                    | 14:10              | 11:3               |
| <b>probably</b>    | <b>publicize</b>   | R                  | 15:11              | 15:19,20,          |
| 17:2 20:3          | 42:4               | <b>race</b> 35:19  | 17:19              | 21 16:1,3          |
| 39:17              | <b>purposes</b>    | 58:17              | 25:14              | 17:7               |
| 41:20              | 23:19              | 59:11,12,          | 29:6               | 27:19              |
| 45:8 51:9          | <b>pursuant</b>    | 17 60:3            | 34:10              | 30:14,17           |
| <b>problem</b>     | 1:13               | <b>radiation</b>   | 42:10              | 34:16              |
| 16:19              | <b>push</b> 46:4   | 6:16,19            | 52:15              | 35:3               |
| <b>procedures</b>  | <b>pushing</b>     | 7:20               | <b>reason</b>      | 38:21              |
| 52:10              | 34:21              | 8:1,8,13,          | 32:10              | 40:6               |
| <b>process</b>     | <b>puts</b> 10:4   | 14                 | 33:3               | 45:2,6             |
| 39:15              |                    | 10:2,7,8,          | 36:14,17           | 58:12,16           |
| 47:20              |                    | 14,19              | <b>recall</b>      | <b>recruiter</b>   |
| <b>professiona</b> | Q                  | 11:9,13            | 31:18              | 47:7,11            |
| 1 21:10            | <b>QA</b> 9:15     | 12:12              | 32:1,4,7,          | <b>recruitment</b> |
| <b>professiona</b> | 12:21              | 13:12              | 20,21              | 20:10              |
| <b>ls</b> 22:20    | 13:12              | 14:3               | 33:2               | <b>refer</b> 15:20 |
| 23:4               | 14:11              | 16:11              | 34:21              | 16:2,7             |
| <b>provide</b>     | <b>quality</b>     | 19:20,21           | 35:4,7,13          | 21:14              |
| 25:13              | 12:10,11,          | 20:4,18,1          | 37:6               | <b>reference</b>   |
| 31:19,21           | 13 13:1,3          | 9                  | 39:11,18           | 26:7               |
| 32:15,18           | 52:15              | 21:1,2,3,          | 40:11,13           | 47:19              |
| 53:12              | <b>question</b>    | 4,5 22:21          | 42:19              | 53:13              |
| <b>provided</b>    | 42:7 48:8          | 23:11,21           | 43:6,12,1          | <b>referring</b>   |
| 26:1               | 50:21              | 24:3,13            | 5 45:4             | 46:10              |
| 51:10              | 52:17              | 26:12              | 47:21              | <b>reflect</b>     |
| 52:18              | 54:8               | 30:3 34:2          | 54:2,19            | 34:16              |
| 58:11,13           | 59:21              | 41:9               | 55:12              | <b>refresh</b>     |
| <b>provider</b>    | 60:2               | 42:12,18           | 56:16              | 37:18              |
| 20:10,14           | <b>questioning</b> | 44:7,8             | 57:8               | 58:12              |
| 26:10,12,          | 59:15              | 45:8               | <b>receive</b>     | <b>regarding</b>   |
| 18 27:4            | <b>questionnai</b> | 55:20              | 29:16,19           | 12:14              |
| 28:8,14            | <b>res</b> 29:19   | <b>radiology</b>   | 30:6,11            | 15:19              |
| 29:3,7             |                    | 24:5,7             | <b>received</b>    |                    |
|                    |                    | <b>radonc</b> 38:8 | 40:19              |                    |
|                    |                    | 44:17,20           |                    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

28

|                   |                    |                    |                    |                    |
|-------------------|--------------------|--------------------|--------------------|--------------------|
| 23:7              | 12:14              | 56:9               | 40:9,14            | 27:10              |
| 31:20             | 22:13              | <b>R-h-i-n-e-</b>  | 57:1               | 33:9               |
| 32:15,19          | 24:14              | <b>l-a-n-d-</b>    | <b>scan</b> 12:3   | <b>separating</b>  |
| 34:13             | 61:5               | <b>e-r</b> 5:18    | 18:18              | 7:19               |
| 35:8              | <b>reported</b>    | <b>risk</b> 45:16  | <b>scenario</b>    | <b>service</b>     |
| 50:17             | 35:14              | 46:8,10,1          | 53:5,17            | 24:8,20            |
| 56:21             | <b>Reporter</b>    | 1                  | <b>scenarios</b>   | 56:4               |
| 57:9,12           | 4:5                | <b>RMC</b> 1:3     | 46:2               | <b>services</b>    |
| <b>regional</b>   | 61:1,3,19          | <b>RN</b> 31:13    | <b>schedule</b>    | 6:7,13             |
| 6:7 23:8          | <b>reporting</b>   | <b>Road</b> 6:4    | 20:11              | 23:8,11            |
| 24:11,17          | 20:3               | <b>ROBERT</b> 1:5  | <b>scope</b> 9:14  | 24:5,20            |
| 25:2              | <b>represents</b>  | <b>role</b> 6:15   | <b>screen</b>      | 48:20              |
| <b>regions</b>    | 12:6               | 18:16              | 17:19              | <b>Shore</b> 3:4   |
| 25:7              | <b>requested</b>   | 24:20              | 18:9,10            | 5:17               |
| <b>registry</b>   | 47:9 61:7          | 47:3               | <b>second</b>      | <b>shortly</b>     |
| 20:5              | <b>requests</b>    | <b>roles</b> 18:16 | 28:4,15            | 56:13              |
| <b>regular</b>    | 30:7               | <b>room</b>        | 33:17              | <b>shots</b> 17:19 |
| 51:19             | <b>resources</b>   | 46:15,19           | 40:3,9             | 18:9,10            |
| <b>related</b>    | 51:20              | <b>rotational</b>  | 50:13              | <b>shows</b> 11:16 |
| 24:14             | <b>respective</b>  | 8:8                | 57:19              | <b>sic</b> 38:9    |
| 26:2              | 1:14               | <b>routing</b>     | <b>secondary</b>   | <b>signature</b>   |
| <b>relative</b>   | <b>responded</b>   | 41:7               | 9:20               | 28:20              |
| 61:10,12          | 41:17              | <b>row</b> 43:8    | <b>SECRETARY</b>   | 29:8 44:4          |
| <b>relevant</b>   | <b>responsible</b> | 50:13,14           | 1:6                | <b>simple</b> 52:7 |
| 59:18             | 23:11,17           | <b>run</b> 13:6,7  | <b>section</b>     | <b>single</b>      |
| <b>religion</b>   | 25:3,8             | 58:5               | 44:3               | 18:14              |
| 36:2,6            | <b>result</b>      | <b>running</b>     | <b>seemed</b> 31:3 | <b>situation</b>   |
| 58:19             | 53:14              | 56:4               | <b>seen</b> 37:15  | 53:8               |
| 59:8,17           | <b>Retained</b>    | <b>runs</b> 21:7   | 53:10              | <b>situations</b>  |
| <b>remember</b>   | 4:16               | <hr/>              | <b>self-</b>       | 51:21              |
| 31:11             | <b>retired</b>     | <b>safe</b>        | <b>evident</b>     | <b>six</b> 6:14    |
| 34:12,15          | 49:20              | 8:17,18            | 5:11               | 11:20              |
| 37:16,21          | <b>review</b> 9:16 | 15:19              | <b>send</b> 13:5   | <b>slice</b> 18:14 |
| 38:1,4            | 13:8,18            | <b>Saint</b> 3:2   | <b>sense</b> 9:17  | <b>slices</b>      |
| 40:15             | 18:6 45:5          | <b>Sandy</b> 49:11 | 26:3 47:3          | 18:9,17            |
| 43:2,3,4,         | 55:1 61:6          | <b>satellites</b>  | 56:3               | <b>small</b> 14:7  |
| 17,20             | <b>reviews</b>     | 25:4               | <b>sensitivity</b> | <b>smooth</b> 14:8 |
| 45:1,9            | 8:20               | <b>satisfactor</b> | 8:13               | <b>software</b>    |
| 56:7,8            | 13:19              | <b>y</b> 52:13     | <b>sent</b> 30:15  | 13:4               |
| <b>remembered</b> | <b>Rhineland</b>   | <b>saw</b> 34:17   | 41:19              | 14:20,21           |
| 39:21             | 3:5 5:18           |                    | <b>separate</b>    | 15:3,6,10          |
| <b>remote</b>     | 6:4                |                    | 12:17              | 18:21              |
| 55:15,17          | 22:2,5             |                    |                    |                    |
| <b>report</b>     |                    |                    |                    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

29

|   |   |   |   |   |
|---|---|---|---|---|
| 20:13,14,<br>15<br><b>somebody</b><br>30:17<br><b>someone</b><br>35:15<br>37:11<br><b>somewhere</b><br>27:11<br><b>sorry</b> 38:16<br>54:13<br>59:21<br><b>sort</b> 27:10<br>28:17<br>44:3<br>45:15,16,<br>17 51:17<br><b>Sounds</b><br>25:20<br><b>span</b> 6:14<br><b>spare</b><br>8:11,19<br><b>spares</b> 9:3<br><b>speak</b><br>59:3,5<br><b>speaking</b><br>7:17<br>21:16<br>31:14<br><b>specific</b><br>11:3<br>31:20,21<br>32:3,18<br>34:13<br>35:4,8<br>40:16<br><b>specificall<br/>y</b> 12:11<br>27:13<br>31:18<br>42:16<br><b>specify</b><br>11:11,12 | <b>spell</b> 5:13<br>16:14<br><b>spinal</b> 8:15<br><b>spot</b> 14:7<br><b>Square</b> 2:4<br><b>St</b> 7:8 16:5<br>22:1,4<br>23:12<br>29:3 58:4<br><b>staff</b><br>20:5,17<br>22:1,6,21<br>26:21<br>28:21<br>49:4<br>52:20<br><b>standardize</b><br>25:9<br><b>start</b> 5:12<br>7:14,15<br>34:10<br><b>started</b><br>17:8 21:1<br>39:17<br>56:19<br><b>starts</b><br>44:6,16<br><b>state</b> 6:1<br>57:12<br><b>States</b> 2:13<br>36:4,10<br>59:1<br><b>static</b> 8:9<br><b>stenographi<br/>c</b> 61:8<br><b>stenographi<br/>cally</b><br>61:5<br><b>step</b> 46:15<br>57:18<br><b>Stepids</b><br>49:19 | <b>steps</b> 51:19<br>52:9<br>57:20<br><b>Steven</b> 43:1<br>55:9<br>58:17<br><b>stint</b> 38:9<br>55:19<br><b>stints</b><br>55:18<br><b>stop</b> 30:1<br><b>Street</b><br>2:5,14<br><b>strong</b> 54:2<br><b>structure</b><br>58:3<br><b>structures</b><br>8:12,19<br>9:3,4<br><b>stuff</b> 41:7<br><b>sufficient</b><br>52:13<br><b>suggesting</b><br>36:17<br><b>Suite</b> 2:6<br><b>summarizes</b><br>11:7<br><b>summary</b><br>11:6,9,18<br>,19<br>18:11,14<br><b>supervise</b><br>22:14,17<br><b>supervised</b><br>20:17<br><b>supervisor</b><br>50:2<br><b>supply</b><br>38:20<br><b>supports</b><br>43:10 | <b>supposed</b><br>14:4 39:2<br>44:11<br>54:4<br><b>sure</b> 5:14<br>6:3 7:21<br>10:4,16<br>16:15<br>32:7<br>36:8,13,1<br>8,20<br>37:1,2<br>39:5<br>42:18<br>44:13<br>46:13<br>59:2<br><b>surprise</b><br>38:5,7,13<br><b>surprised</b><br>40:6<br><b>sworn</b> 5:3<br><b>system</b><br>16:3,8,13<br>27:11<br><b>systems</b><br>16:10<br><hr/> <b>T</b> <hr/> <b>Taaffe</b> 2:12<br>59:13<br>60:13<br><b>talk</b><br>19:8,19<br>25:18<br>41:6 42:3<br>46:15<br><b>talked</b><br>24:11<br><b>talking</b><br>17:6,8,9<br>23:20<br>25:18<br>27:13<br>35:11 | 48:3<br><b>target</b> 8:18<br>12:5,7<br><b>tasked</b> 25:1<br><b>team</b> 46:3<br><b>technical</b><br>16:4,6,11<br>21:4<br><b>technology</b><br>31:4<br><b>telephone</b><br>2:9,17<br>3:19<br><b>Telephonic</b><br>1:10<br><b>terminology</b><br>16:2<br>21:19<br><b>terms</b> 16:1<br>58:3,12<br><b>testified</b><br>45:1<br><b>testifies</b><br>5:4<br><b>thank</b> 16:18<br>46:18<br>58:1<br>60:10,11<br><b>thankful</b><br>55:13,17<br><b>that's</b><br>5:9,14,17<br>,18 7:5<br>8:17 9:5<br>10:8,19<br>11:17,18<br>14:18<br>16:7,16<br>18:19<br>19:5<br>20:14,15,<br>16 21:9<br>26:19<br>29:6 |
|---|---|---|---|---|



TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

30

|                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|
| 34:10              | ,18 40:12          | 45:20              | 55:15              | 26:6               |
| 38:21              | <b>thoroughnes</b> | <b>treatments</b>  | <hr/>              | 27:14              |
| 42:5,7             | <b>s</b> 43:9      | 9:18               | <b>U</b>           | 30:7               |
| 43:9,13            | <b>title</b> 50:7  | 44:6,17            | <b>U.S</b> 59:13   | 47:18              |
| 53:8 58:7          | <b>today</b> 58:1  | <b>tried</b>       | 60:13              | 53:12              |
| 59:19              | 60:10              | 41:2,3             | <b>umbrella</b>    | <b>verificatio</b> |
| 60:9               | <b>Toothachre</b>  | <b>troubles</b>    | 24:4,5             | <b>ns</b>          |
| <b>therapist</b>   | 43:1,4             | 31:4               | <b>understand</b>  | 30:9,10,1          |
| 10:8,19            | 58:17              | <b>troubleshoo</b> | 21:17              | 5 40:20            |
| 21:4               | <b>Toothachre'</b> | <b>t</b> 14:12     | 37:6,7             | 41:16              |
| <b>therapists</b>  | <b>s</b> 55:9      | <b>troubleshoo</b> | <b>understandi</b> | <b>verify</b>      |
| 13:6               | <b>top</b> 28:8,14 | <b>ting</b> 20:8   | <b>ng</b> 23:20    | 10:15              |
| 20:4,18,1          | 38:4               | <b>true</b> 41:9   | 36:15              | 55:9               |
| 9 21:2             | <b>tough</b> 14:11 | 61:7               | <b>unit</b> 11:17  | <b>versa</b> 37:7  |
| 22:21              | <b>Tracy</b>       | <b>trust</b>       | <b>United</b> 2:13 | <b>version</b>     |
| 42:19              | 50:10,11           | 33:15,17           | 36:4,10            | 19:13,15,          |
| <b>therapy</b>     | <b>trainers</b>    | 35:2               | 59:1               | 16                 |
| 12:12              | 20:16              | 45:20              | <b>upon</b> 22:12  | <b>VETERANS</b>    |
| 23:21              | <b>training</b>    | 51:14              | 50:21              | 1:6                |
| <b>therefore</b>   | 20:15              | <b>try</b>         | <b>upper</b>       | <b>vexatious</b>   |
| 28:17              | 39:14              | 25:15,17           | 26:5,7             | 59:19              |
| 59:16              | <b>transcript</b>  | 42:2               | <hr/>              | <b>via</b> 2:9,17  |
| <b>there'll</b>    | 61:6,7             | <b>trying</b>      | <b>V</b>           | 3:19               |
| 12:13              | <b>transcripti</b> | 37:11              | <b>vacations</b>   | <b>vice</b> 37:7   |
| <b>there's</b> 9:3 | <b>on</b> 50:3     | 41:21              | 39:12              | <b>view</b> 59:16  |
| 10:14,17           | <b>treating</b>    | 45:13              | <b>vague</b> 31:21 | <b>Vilisch</b>     |
| 11:15              | 12:5 13:7          | 52:16              | 32:3               | 31:8               |
| 12:10              | <b>treatment</b>   | 53:1               | <b>Varian</b>      | <b>V-i-l-i-s-</b>  |
| 21:9               | 8:6,7              | <b>tumor</b>       | 15:2,6,10          | <b>c-h</b> 31:8    |
| 26:13              | 9:20               | 8:3,11             | 16:4               | <b>visit</b> 39:16 |
| 28:20              | 10:11,15           | 9:4                | 18:6,21            | <b>visits</b>      |
| 29:7 31:7          | 11:5,7,18          | <b>tumoricidal</b> | <b>variance</b>    | 39:17              |
| 35:14              | 12:11,17,          | 8:10               | 10:17              | <b>voice</b> 41:3  |
| 50:13              | 19                 | <b>two-way</b>     | <b>various</b>     | <b>voicemail</b>   |
| 51:16,19           | 13:4,5,16          | 12:20              | 22:7               | 29:16              |
| 58:4               | 14:17              | <b>Tyler</b> 2:3   | <b>verbal</b>      | <b>volume</b> 8:4  |
| <b>they're</b>     | 15:9               | <b>type</b> 48:1   | 58:15              | 9:4 12:7           |
| 14:11              | 17:8,13,2          | 51:15              | <b>verificatio</b> | 14:4               |
| 16:1               | 0                  | <b>typed</b>       | <b>n</b> 4:9,13    | <b>VP</b> 49:16    |
| 17:19              | 18:5,6,12          | 27:16,19           | 13:16              | <hr/>              |
| 18:1 21:2          | ,20,21             | <b>types</b> 26:14 | 14:15,20           | <b>W</b>           |
| 26:1 30:9          | 34:18              | 37:12              | 15:12,15,          | <hr/>              |
| 34:4,6,8,          | 39:16,17           |                    | 17,18              | <b>walking</b>     |
| 9                  |                    |                    |                    |                    |
| <b>third</b>       |                    |                    |                    |                    |
| 27:3,8,16          |                    |                    |                    |                    |

TELEPHONIC DEPOSITION OF KIMBERLY HETLAND  
CONDUCTED ON 6/13/2016

31

|                    |                    |                    |  |  |
|--------------------|--------------------|--------------------|--|--|
| 34:8               | <b>whether</b>     | <b>working</b>     |  |  |
| <b>Washington</b>  | 36:9,13,1          | 23:15              |  |  |
| 2:7,15             | 8,20               | 44:16              |  |  |
| <b>wasn't</b>      | 40:13              | <b>works</b> 7:21  |  |  |
| 34:19              | 42:11              | 8:5 29:2           |  |  |
| 37:13              | 45:6 48:8          | 49:20              |  |  |
| 45:14              | 51:21              | 50:11              |  |  |
| 52:5,17            | 52:12              | <b>write</b> 31:7  |  |  |
| <b>ways</b>        | 58:21              | 38:18              |  |  |
| 37:14,15           | <b>whichever</b>   | 54:3               |  |  |
| <b>week</b> 35:1   | 7:13               | <b>writes</b> 8:2  |  |  |
| 46:1,2,3,          | <b>white</b> 35:20 | <b>written</b>     |  |  |
| 5 56:2             | 36:1 60:5          | 31:18              |  |  |
| <b>Weissmann</b>   | <b>whole</b> 18:12 | <b>wrote</b> 41:12 |  |  |
| 1:14               | 23:17              | 46:9 54:3          |  |  |
| 61:3,19            | 54:6               |                    |  |  |
| <b>welcome</b>     | <b>who's</b> 9:12  | <hr/> X <hr/>      |  |  |
| 58:2               | <b>WI</b> 3:5      | <b>X's</b> 41:12   |  |  |
| <b>we'll</b> 8:8,9 | <b>Wickham</b>     | <hr/> Y <hr/>      |  |  |
| 11:6               | 49:17              | <b>yep</b> 18:7    |  |  |
| 12:12              | <b>Wiedeman</b>    | 24:16              |  |  |
| 15:20              | 50:4,5,6           | <b>you'll</b>      |  |  |
| 18:8,14            | <b>Wisconsin</b>   | 12:6,7,8,          |  |  |
| 25:18              | 5:18 6:4           | 9,13               |  |  |
| <b>we're</b> 6:9   | 22:2,5             | <b>your's</b> 55:9 |  |  |
| 11:9 12:5          | <b>wish</b> 37:16  | <hr/> Z <hr/>      |  |  |
| 13:6               | <b>Witness</b> 4:3 | <b>Zelechowski</b> |  |  |
| 17:6,9             | 46:17              | 50:1               |  |  |
| 25:3               | 59:21              | <b>Zenk</b> 49:15  |  |  |
| 28:18              | 60:11              |                    |  |  |
| 38:12              | <b>wondering</b>   |                    |  |  |
| 45:18              | 45:12              |                    |  |  |
| 48:3 52:4          | <b>work</b>        |                    |  |  |
| <b>we've</b> 17:2  | 5:16,20,2          |                    |  |  |
| 28:17              | 1 6:6              |                    |  |  |
| 48:12              | 20:9,10            |                    |  |  |
| 55:7               | 24:14              |                    |  |  |
| <b>whatever</b>    | 25:8               |                    |  |  |
| 50:17              | 29:18              |                    |  |  |
| 51:18              | 33:14              |                    |  |  |
| <b>Whereupon</b>   | 34:3               |                    |  |  |
| 27:21              | 47:7,8             |                    |  |  |
| 28:5               | 50:9               |                    |  |  |
| 60:15              | 55:13              |                    |  |  |